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Class 10a *No* 236

Presented by

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Notes on Prof. Wm. Peppin's

Lectures on

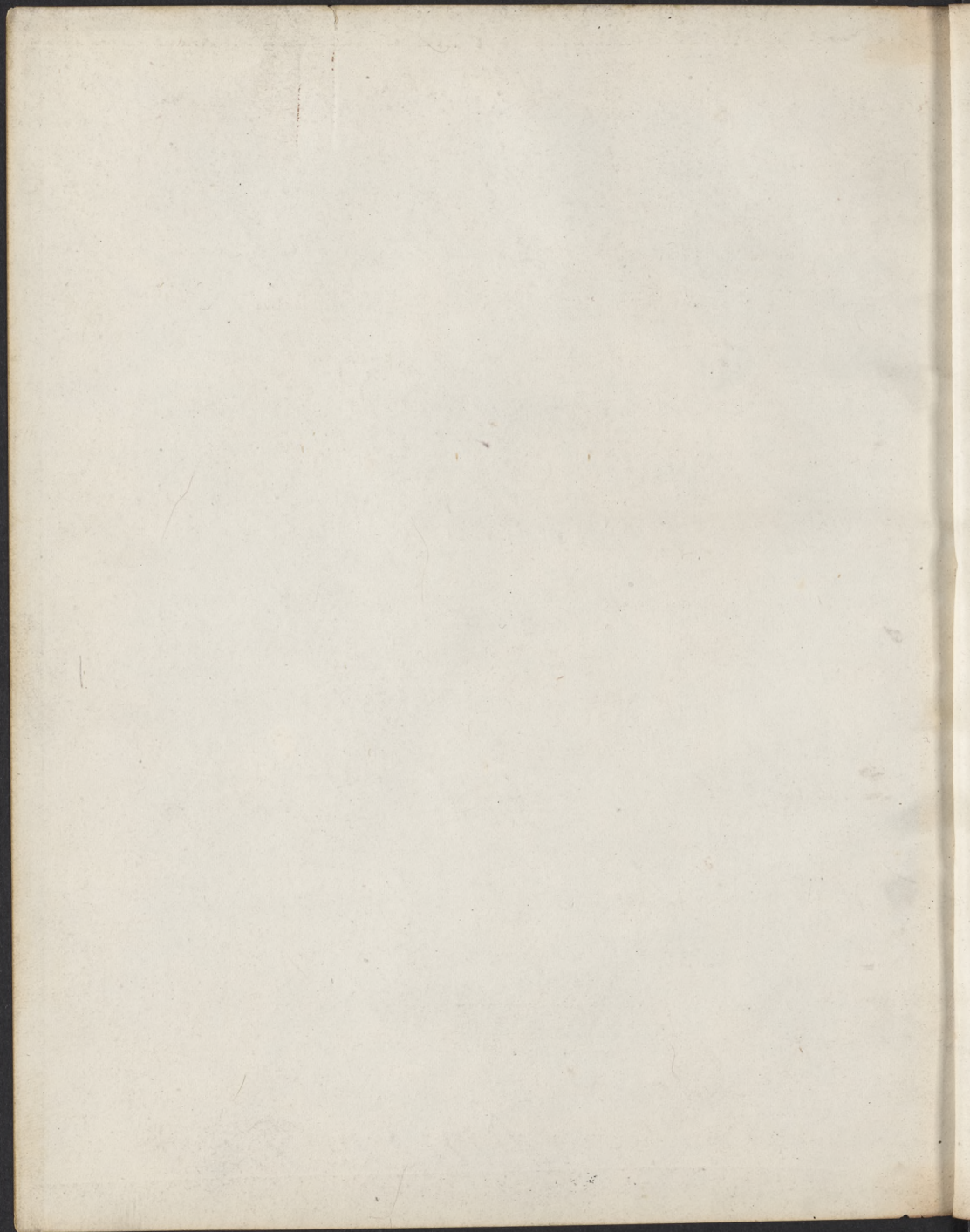
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TO THE
HONORABLE
MEMBERS OF THE
HOUSE OF REPRESENTATIVES
OF THE UNITED STATES
IN SENATE

SEP 23 1895

Jan. 14th / 1884. Diseases of Respiratory organs

Very important - very prevalent in our climate. Physical Signs - positive signs, more so than gentle symptoms, but don't indicate ^{condition of} vital powers. Along with gentle symptoms very important.

Methods of exploring pulmonary disease -

1st inspection of bare chest; one side may be normally larger than the other, or there may be congenital enlargement - must judge also of the mobility of the chest - dif. bet. full inspirat. & forced expirat. in health about 3 inches. Mensuration - get more accurate knowledge of mobility or inequalities. Right side generally is a little larger than left. Tape line or caliper may be used - The latter more accurate.

Application of the hand. Learn by it the amt. of vocal pinnities. Diminished in fat chests, & less in women than men, owing to differences in character of voice. Roughening of pleurisy felt, & ~~effusion~~ air forcing through mucus or pus felt.

Percussion - determine density of subjacent viscera & often the character of the contents.

Mediate & immediate percussion used - The former less painful to patient & more satisfactory.

Fleximeter - ivory, generally used. India rubber perhaps better as it don't yield any sound of its own. The finger is real, The best fleximeter - "always at hand" & can measure the force of your stroke. Middle finger best used. Don't strike from elbow or shoulder. Put patient in position wh. will render part tense.

Select same points on opposite sides. Solid organs modify percussion - heart, liver &c.

Can, by dullness, infer the nature of the solid material. History of case & auscultation must be taken into consideration. Gilding of chest under percussion almost as important as sounds.

A wooden sound - Solid substances, generally fibrinous exudation - Sometimes over cancer - like striking table or piece of wood.

Tubular - neither clear nor dull - like sound over trachea - Small cavities,

Large cavities give Amphoric resonance, like percussion over chuck.

Cracked pot sound - Exactly like that heard on tapping cracked pot - Cavities communicating with bronchial tubes near the sur-

face - presence of fluid not necessary. Local often -
 drag under clavicle. Tympanitic - large cavity
 with indurated walls, near surface - commonly in
 air in pleura communicating with bronchus.

Many other sounds - These are the principles.
 Most important means of exploration is
Auscultation. (Hippocratic Succession - Hip-
 pocrates used to shake patient & apply ear to chest to hear
 splashing sound) Laennec first set auscultation
 before public in its proper light, in 1815 - his
 rules still hold good in spite of other men's innovations.

Medial & immediate; The latter better generally -
 easier to detect sounds, don't hear patient & always
 have ear about you. Stethoscope limits sound -
 useful in limited cavities, females, filthy patients,
 valvular disease of heart &c. Wooden Stethoscope
best - red cedar or Ebony, fr. Straightness of fibre.

Ear-piece had better be continuous with other part
 of instrument. Other end funnel-shaped & may
 be plugged with a perforated plug to localize sound.

Flexible tubes should be made of flexible, flattened
 wire spirally arranged. Don't make pressure on
 either end of stethoscope - let it fit him ac-

curately - if air gets under it, you hear a blowing sound. Let the patient To talk - "Shut your eyes, open your mouth & stop your ears".

Examine healthy chests - To become familiar with normal sounds. Two normal respiratory sounds - in & expiratory. The first soft, the latter more blowing. In disease may run into one another. Rush of air into smaller tubes & vesicles forms first sound. Passage into larger tubes causes 2nd sound.

In child, respiratory murmur louder - pericardium of lung less spongy, fr. small size of cells. In old people feeble - senile. More ^{distinct} ~~frequent~~ in nervous patients & more distinct in female than male, fr. thinness of walls of chest. In some persons normal is distinct. In left side, under clavicle more distinct, fr. larger bronch. tubes; Vocal resonance louder in solidified lung.

Quincy.

Jan. 15th. Murmurs modified by Disease.
Expiratory respirat. murmur due to respiration
 being thrown on one lung or a portion of one
 lung. Futile respir. Due to partial obstruction
 of bronchial tube, dilatation of air vesicles.
 May be wanting owing to increased intensity
 of latent causes. Corking character - due
 to pain in parietal as of intercost. muscles,
 Spasmodic affect. of bronchia. Confined
 generally to upper part of lung & often due
 to infiltrat. of miliary tubercles. Proportion
 bet. inspir. & expirat. often affected - the
 latter becoming 3-4 times longer than former,
 instead of vice versa - due to dilatation
 of air cells, obstruction, or want of elas-
 ticity - tuberculosis - incip. common cause.
Harsh sometimes - fr. thickness of muc-
 ous membr. or pressure on tube.
Bronchial - fr. consolidation of tissue,
 conducting power increased.
Blowing - increased solidification - ex-
 isting near surface. Subal - highest
 degree of induration - hepatization -

Common in one stage of Pneumonia.

Cavernous - when ^{large} cavity exists - Corrotoné,
Sounds like breathing into hands -

When opening into cavity exists - large
Cavity, hard margin - Amphoric.

Certain sounds are generated in the
chest - râles common called.

Friction sounds ext: To lungs.

Râles - moist & dry; Sibilant - whis-
ing & high pitched - narrowing of bronch.

tubes, moisture associated with it, may
be removed by coughing. Sonorous -

Snoring sound - may be heard at some
distance - sometimes exists -
Due to thickening of larger tubes with

Some mucous present - Cough removes
it. Moist râles - Crepitant - very

fine - like crackling of hair - Occurs
only in Hepatization of Pneumonia
& is persistent - heard during inspi-
ration. Viscid secretion in fine tubes
prevent^{to} to a certain extent the passage
of air inwards. Walste thinks it

Due to unfold^g of areolar tissue around air vesicles. Subcrepit. rale - More liquid material & in a larger space - Smaller bronchial tubes & at lower part of chest - Capillary bronch. & ordina of lung attended by it. Crackling - under clavicle - associated with incip. tubercle - larger tubes.

Mucous - heard in bronchitis - Displaced by coughing - in expiration - larger tubes.

Cavernous rale - bubbles bursting in large cavity - metallic resonance attends this - Commonly called gurgling. May occur in any cavity with hard walls near surface. Not fixed as crepit. rale.

Metallic tinkling - Mod. of last rale, In or expiration. Not constant.

Large cavity - drop of fluid fr. side of cavity - or air bubble bursting through fluid in cavity.

A dry crepitant rale may be heard in upper part of healthy chest - fr. simple unfolding of structure - Bronchus.

Friction Sound. Pleuritic.

Grating Sound - forcible inspiration of very early stage of pleurisy - occurs fr. mere dryness - a slight rubbing sound "For & fro rubbing sound". Grating Sound, when exudation is granular & more perceptible. Creaking Sound - like bend new leather - tough, or a jammed false membr. inflam. having passed through 1st stage. Crackling - due to pleura being covered by tenacious albuminous exudation. Not generally persistent, being removed when effusion occurs. When effusion is removed it may recur. Mediastinal - Serous effusion into areolar tissue of mediastinum. ~~Not for mediastinal~~
Vocal Resonance - rendered feeble by any obstruction to bronchial tube or rendering it less dense. Bronchophony, when ~~the~~ voice is transmitted to chest.

Pectoriloquy - when cavity is free & near surface - Exaggerated bronchophony.

Egophony - Heard especially in pleurisy with slight effusion - bronch. tube being flattened & parenchyma slightly solidified - position varies with position of patient -

Cavernous & Amphoric Cough.

- 1st Dulness of Percussion - Bronchial respirat. Pulmonary induration
increased vocal resonance or Bronchophony & pectoriloquy
- 2nd Tubular Percussion - Cavernous Respiration Cavity of small dimensions
and Pectoriloquy
- 3rd Amphoric Percussion - Cavernous Respiration Large Cavity with thick walls
Cavernous Resonance of voice & whistling
- 4th Tympanitic Percussion - Amphoric Respiration A large pentagonal cavity with thin walls or pneumothorax with fistula of lung
Amphoric resonance of voice & metallic tinkling

In pneumo-thorax may have Hippocratic succussion - Splashing Sound without any Thoracic or pulmonary fistula - fr. necrosis of rib &c.

Viscera may be displaced by accumulation of air or liquid. Sounds

would not then be heard in normal positions - may be due to imperfectly organized products of inflam. - drawing & not forcing viscera out of place. Effusions into cavity of abdom. or accumulation of flatus may displace lung.

Jan. 18th. Inflam. of Larynx.
Erythem. inflam. occurring in Sang. Lip,
Spasms & cough like croup.
Stridulous Laryngismus - Catarrh
Croup. Real Catarrh. Child has
cold in head; awakes in night with
barking cough, skin cold & blue when
paroxysm comes on - very much
relieved next day - Comes again on
following night.

Mucous membr. slightly congested,
very little or no fever & no deposit.
Some parents very liable to it.
2nd - 7th years most subject to it.
Not much exposed to atmosphere.

influences before 2nd year & after 7th year
 not subject to so many irritating causes.
 Alarming Symptoms - general occurrence
 Country. Very rare fatal. May be when
 Nervous System is even irritable. Comes on
 sudden, little fever, Paroxysms not
 persistent - fortuitous - not apt to mis-
 take for mumps, Croup. Difficult. form-
 enlarged cervical gland - deposit -
 Epidermic, adynamic. Secution vis-
 cid; when thrown up, child relieved.
 Oedema of glottis - voice not impaired
 & inspiration alone difficult. No lesion
 congestion. Prognosis favorable.
 Treatment - No bleeding is necessary.
 Emetics - Ipecac. - gr^{ss} every 10-15 min.
 3j pulv. Alum. in molasses - follow
 emesis by Ol. Ricin. gr^{ss} - $\frac{ss}{ij}$ Calomel
 next day. If bath is used, let it be
 warm, not hot or cold. Sometimes
 Sinapism - 1 pt. Mustard to 2-3 of
 flour to throat - or Cupprentine.
 Spasm of larynx - Copp's Asthma

sometimes called "Millin's Asthma".
Laryngismus Stridulus. Child may
wake up with deep, crowing inspiration;
may go to sleep & after a time another
comes on. Blueness of lips &c.

If spasm severe, invol. discharge
& contractions of fingers or toes.
May prove sudden fatal - rarely.
Nature - Enlargement of thymus
gland not the cause, may be effect.
Glandular enlargement pressing
on nerves not the cause.

{ Peculiar irritability of Excitor motor
nerves presiding over respir. appar-
atus - any reflex irritation excites
it. Treatment - Give plenty of
air during spasm. Ammonia
by inhalation - throw water in face.
Ice Assaf. $\frac{1}{2}$ ss per rectum.
Tracheotomy not generally use-
ful. Asphyxia occurring,
spasm yields. Intercostal
lance fums, remove cause.

Counter-irritation - venipunctures. Fortify
nerv. System with Iron, Bark, Valerian,
Stoffm. Quinine &c.

Croup - ^{Holmes} Acute, Sthenic inflam. of
Larynx attended with mumm. exudation.
Diphtheritic, when diphtheria extends to Lar-
ynx & gives rise to it. Most common here,
bet. 2 & 7 years of age - tending to plastic
exudation in children. Pain, often a chill,
fever, voice husky, cough barking.
Respiration in morning aggravated in
Evening - Severe or fatal - Spasms,
prom. Eyes, blue face, suppressed
voice, ringing, hoarse cough. Child's
countenance full of anxiety; if
not relieved, lips & nails blue, breathing
easy, nerve centres poisoned & black
blood & child dies. Duration -
fr. 24 hours to 6 days; may last
2 weeks - No exudation or membrane,
redness; Tracheal sound replaces
respir. murmur in paroxysm.
Heart valve &c. & absence of respir.

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sounds, with dulness of percuss.
fr. collapse of lung during intermis-
sion. Ash cold membr. in malig-
nant cases & glands enlarged.
Cold common cause of Isthemic
Cases. Morbid. influences cause
of asthm. disease - diphtheria.
Isthemic form - deposit white,
tough, inflam. extend to bronch.
tubes. Asthm. ash. cold, local-
ized, pustaceous deposit.

Membr. may be dislodged, inflam.
cease & patient be relieved by
Antiphlogistics in Isthemic cases -
not so diph. blood disease.
Displacement of membr. relief of
suffering favorable.

Treatment - Isthemic - Vigorous
cases bleed or bleed. Calomel
as Kurr. Calomel & Dover's powder.
Derivatives over throat - Turpene-
line or mustard. Relieve Spasm
by paregoric, laudanum & morphia.

or rectum, Emetics - Ipecac, & V =
 every fifteen minutes To child 3 yrs old.
 Zinc Sulph. if Asphyxia occur,
 Tartar Emet. too depressing, Putr.
Alum. ^{with Ipecac} Syr. Scilla Comp. useful,
 rather stimulating & irritative.

Locally - Arg. Nit. To larynx al-
 most impossible - think of glottis nar-
 rowed - preposterous in children & we
 do more harm than good.

Malignant, asthm. form, Arg.
 Nit. Alum. Min. Acids to part.
 Alum or Zinc Sulph. as emetic,
 don't bleed. Stimulati - Wine,
 brandy, beef tea, Iron.
Alkalies - Carb. Ammon. sometimes
 useful. Potas. Sulphuret as bath
 or int^{ly} has been much used - not
 very good. Tracheotomy - Russian
 great advocate - performs it immedi-
 ately. Don't think the wd. invites inflam.
 to lower seat & does harm - never
 saw anything but fatal result, if

not immediately, in the course of a few days. Not considered justifiable in Great Britain. Child's life may be often prolonged, but death comes finally.

Frightful hemorrhage sometimes occurs in young children.

Laryngitis in Adult considered at next lecture.)

Jan. 19th. Adult - Inflam. of Larynx.
Roughness, a little dyspnea, muffled cough - slight cold - congested mucous membr. Would constitute false croup in child. Sometimes serious - Choke, almost loss of voice - pain increased by pressure. Plain expectoration - then puriform & streaked with blood - Paroxysms - blue lips & deficient aeration. Stenotic croup does not occur in adult - Diphtheria may, occasionally Edema of Glottis -

inspirat. Difficult - Expirat. Easy -
valve easily opening. Depress tongue & look
or feel for it. Make simple incision
& press out viscid matter. May have
Nervous aphonia - no fever, pain or
cough - females, hysterical. Aneurism
pressure on larynx or trach., causes cough
tc - Phys. Signs show aneurism.

Paralysis - abscess - foreign bodies may
occur as.

Use Secub. of rope, mucous in a few
days generally takes place - curing
the disease. Abscess may ~~occur~~ ^{be} ven-
dangerous - dyspnoea then occurs.

(Fireman in Penna. Hosp. ^{ohann}) Diphtheria, danger-
ous - adynamic condition of system.

Gymnitis forms simple inflam. of membr.

Scarlat - mild form - Diaph. laryngitis
& counter irrit. } Leeches, bleeding,
blister, purgatives, nauseat. expect.
in violent cases. Inhalation of bland
substances & op. Lacer. if
edematous. Tracheot. or laryngot.

only justifiable & recommended.

Chronic Laryngitis - Result of
Acute or of colds. Hoarseness,
little pain, plain mucus -
Aphonia. Exacerbated sometimes by ex-
posing voice inordinately & going into
cold air. Less common than Acute
disease. Clergymen - Newsboys have
it. Tubercular - most common.
Dysphagia - Epiglott. involved -
food thrown back when swallowing
is attempted - Spontaneous expect.

Emaciation - Great pain - phys.
Signs of tubercle. Ulcers occur
in post. part of larynx & trachea,
where glands are seated. May occur
independently of Phthisis pulmonalis.

Syphilitic - History of Case.

Neuralgia - Copper salt. Ulceration
of tonsils & velum. Necrosis of
thyroid cart. - offensive expecto-
ration. Prognosis favorable in
most cases, but tubercular, which is

sooner or later fatal. Syphilitic -
 Pot. Iod. & judicious use of Mercury.
 Tuberc. Iodine locally - Iron, bark,
 Ol. Morrhua - fresh air - good diet.
 Chronic Laryngitis - inhalations - Con-
 tins irritants, & alteratives &c.

Caustics used by Goussseau - with in-
 sufflation of Red precip. & Sugar - Acetate
 of Lead, Zinc & Sulph. Alum & Sugar -
 Dr never tried them. Dr Don't believe
 in pushing probe into bronchid &c while
 flottis maintains normal irritability.

Mirrors are so arranged as to examine larynx,
 Trachea &c - Dr has never used it - Don't think
 it can be very useful.

Bronchitis - inflam. of bronchid.
 Many varieties - depend on age of
 patient & stage of disease.

Catarrh when confined to nose,
 Throat & Larynx tubes - hoarseness,
 headache, plain expect. becoming
 thicker & tinged dis appearance - Mild,
 Dry plan of treatment - Crackers & meat.

no fluid - not efficacious - Disagreeable.
Laennec's plan - Stimulating;
Good principle - Whisky punch
at night - cover warm in bed -
not safe. Large dose of Pulv. Dov.
at bed time - warm foot bath -
best treatment. Gentle laxative -
Diaphant. Spt. Ether. Nit. β_j &
Take in Vin. Antimon. \mathcal{M}_{xx}
Water β_j at bedtime. \mathcal{L}

Syr. Ipecac. β_j } β_j doses.
Aqua - β_{ij} }
Mucil. β_j }
Sometimes Bronchitis ushered
in with fever, violent headache
fr. deficient aeration of blood,
pain in chest, behind sternum -
localization of inflam.,
Expect. plain at first - acid -
inflaming lips. Becomes puris-
form & bloody. More or less
fever - not often high.
& child - no expectoration -

Dyspnea - fr. tubes becoming filled.
 Children sleep a great deal.
 Secretions accumulate in old
 persons - Great prostration -
 Asthenic - blueness of lips &c.
Influenza - Epidemic Catarrh.
 Nature not known. Mat. morb.
 defect in atmosphere, supposed
 by some. Blood is altered -
 Constit. Symptoms exceed local.
 Headache, backache, Sore-
 ness of limbs - mind deranged -
 rarely proves fatal. (Harvest
 for young physicians) Diuretics,
 laxatives, Diaph^s. Don't bleed -
 Don't have to use Quinine - Fever
 not depend^t on local affect.
 May be remittent or typhoid.
 Some apply it to a certain epidemic
 influence - D^r limits it to
Epidemic Catarrh.
 Phys. Signs - Sibilant & some-
 times rales both sides at first.

latus - in smaller tubes - Subexp.
ratus - larger tubes - Crep. & mu-
cus rales - both Sides.

Percussion - Clear generally -
not much service. Sometimes
Entrance of air being prevented
& in children obscure Dulness -
for bronch. Conjest.

Serofulous - Serofulous patients.

Exudation of fibrin, or albumin,
matter, cutting off air & giving
Signs of tubercle. Tube may be
expectorated in a day, or two & ob-
struction removed. May vanish
in Summer - return in Winter.
Gout & rheumatism affect it.

Treatment for the latus useful.

In tubercle have peculiar form
of ^{Phlegm} Disease. In typhus or typhoid
fever have bronch. Conjest.

not inflamed. Cold common
Cause - any irritation may
cause it - apt to produce

Chronic disease.

May compound with Pneumonia -
The Cattle has purple cheek - rust-
Spittle, chill, deep-seated pain -
first Sub-cup. then Cup. rate -
Bronch. respirat. & dullness on percus-
sion - Confined to one side usually.
Mayed however no expectoration & effusion into tubes - So in infants
producing lob. Pneumonia - dull percuss. & bronch. respirat.

{ Caus. 2nd. Typhoid & typhus fevers have bronch.
Congestion - These symptoms sometimes precede
infecting - previous history, eruption, diarrhea, tym-
panitis &c distinguish. Prognosis - healthy
adult favorable generally - aged people - danger-
ous - asphyxia. Young child - dangerous - delir-
ium, convulsions, coma &c. Leopious & puni-
form expect. favorable. Cessation of it, with
cold, blue surface bad symptom.

Thickened & injected membr. Paraf ulcer-
ation. Infiltrated Sub muc. tissue.

Muco-puriform matter covers membr.
Lymphatic tubes dilated or filled with pus.
Recovery. Vigorous patient rarely

necessary bleed. Cups may be good
Mercur. or Saline pump. Diuret.
& diaphr. Nauseat. Expecto - Syr.
or Vin. Spicac. Tartar Emul.
Stimulant to Chest.

Young children don't expectorate -
give Emetics here - not Tartar Emul.
Spicac. Counter irritant to Chest -
Mustard & flour. Cup at root of
Back lung - cast in severe cases -
powerful derivative.

R. $\frac{ss}{\text{ss}}$ Calomel	} 8 powders	
Pr $\frac{ss}{ss}$ - Nit. Pot.		Sy. One every
Pr $\frac{ss}{ss}$ - Dov. Pulv.		2 - 3 hours.

Produce perspiration. Occasional
Emetic. Old man - Syr. Lingua $\frac{ss}{ss}$
 $\frac{ss}{ss}$ every 2 - 3 hours Water $\frac{ss}{ss}$
Ammon. Carb. $\frac{ss}{ss}$

By Cup - Sinapism. Don't give
Opium To infants or old people
in this disease.

Epidemic Catarrh or Influenza
Blood poison - Catarrh insip -

nificant - Sir D. L. Supt. gentle laxatives, Derivatives.

Chronic Bronchitis - Great variation with age & character of expect. Dry, mucous, Serous, pituitous Bronch. Not much fever or general symptoms. Aetiology may be in. Great depression or exertion, Sun. or Sib. rales if little secretion - Croup, Subcroup, or mucous if much secretion - vary in position. Percussion dull sometimes fr. dilatation of bronch. Air cells dilated - constituting Emphysema - increased resonance.

May often is result of acute disease. Cough - tussis Senilis - in old people often depends on congest. fr. disease of heart. Skin is dry & matters eliminated by lung causes cough. Gout often attended by it. Kidney disorders Urine is eliminated here causes Irritation. Eruptions disappear - lungs - bronch. mucous membr. becomes affected. Drying up of alveoli has

caused consist. of lung & bronch. Particles
of dust - millers, weavers, Scissor grind-
ers. Atmosph. Exposure & undue exer-
cise of voice. Often lasts years -
when discharge is copious does harm.
Especially phthisis in predisposed persons.
Sometimes eliminates poisonous
matter - especially in disordered Kid-
ney & faulty patients - does good here.
In making prognosis ascertain
cause. May have hectic, Emaciation,
persistent expectoration - No
hemoptysis, less hectic & not the
phys. Signs of phthisis, unless tubes
are enormously dilated.

Sputa occasionally very offensive,
like gangrene, but latter is one-
sided & local. Membr. ash col-
thickened, not ulcerated or gangren-
ous. Treatmt - Don't require bleedg
unless secretion is checked & brain ex-
hausted. Expect. - nauseating or stim-
ulating - Opium. Tartar Emet.

possibly emaciated portions of morph. Beware
of Opium. Senega & Calc. Ammon.

Balsam of Copait. int. in chronic cases,
Jkt XV, 4-6 times a day. Inhalations.

Sometimes depends upon fault, must
stim. feet or big toe - Alkalies, Colch.
Lentaneus Drup., Marcan Emet., ointmt.,
Ol. Lig. Locach., Lig. Pot. Arsenit. Jkt V-
ter die very useful here. Sulphur has
been recommended. Copious expect. Reg. as-
ting. Min. tonics, good diet, Ol. Morphine,
Avoid atmosph. changes - proper clothing.

Whooping Cough - Pertussis - Quin.
Hard convulsive cough, deep inspiration,
with whoop; cough expectoration. Comes
on like common cough or cold. Slight fever,
Don. or Sit. rales - barking cough. 2nd
week generally whoop comes on - maybe
3 weeks or only 3 days. Violent parox-
ysms - 1/4 - 1 minute - 2 - 40 per day.
Slight cough sometimes brings on.
Eyes prominent, blueness of surface
protruded larynx, Strid. Even bleedg.

at nose & mouth in violent cases.
Cough becomes catarrhal in 3 or 4
weeks. Decline 3-4 weeks - duration
about 3 months - may have whoop
on slight cold afterwards. Spasm
laryngis. Strid. may cause
sudden death. Emphysema of
lung may be caused. Pneumonia
serious complication. Keilfuss
suspect pneumonia, collapse of
lung or bronchitis - very dangerous
Prügel. mucous membrane irritated
Congest. Emphysema & collapse
accident. Contagious,
2nd attacks common in epidemics.
Some think it functional disturbance
of nerve fr. being paroxysmal,
not mural irritation of membr.
There is an acid secretion these
sore diseases are not contagious.
Runs a definite course - may
be specific inflam. Probably
mat. morb. eliminated by lung.

New accumulations take place constantly.
 Long duration. Blood is pruned.

First 2 weeks impossible to diagnose it,
 Careful children sometimes have
 cough fr. enlarged bronch. gland pressing
 on air passage - Sporadic.

Treatmt - if mild - Reduce diet -
 Run out in open air well clad.

When more severe requires treatment.
 Cassia, very useful - Lac - β_7 Urida
 child 3 yrs. old. Belladonna very much
 used - given till const. impression is made.

D^r thinks it useful in doses of $\beta_7 \frac{1}{24} - \frac{1}{30}$
 3-4 times a day as Sedative - Disas-
 tons in large doses or pushed far.

Potass. Cyanid. ^{D^rT} with Lem. Syrup - β_7
 Ag - $\beta_7 \frac{1}{4}$ - Dose for adult - β_7 .

Don't reduce strength. Alkalies -
 Alum - $\beta_7 \frac{1}{4}$ evy 2-3 hrs. sometimes
 useful in Excessive Secretion.

Sulphur used by Germans. Yonic
 & good diet for prostration.

Local treatment - Arg. Nit. not useful.

Convulsions x Cold to head & foot bath,
If fr. prostration - Hoffmann's An-
odyne - Wine whey, Carb. of Ammonia.
Emetics may do good by removing
accumulation.

Sequelae of Bronchitis deferred.
Fowler's Solution not objectionable in
Pertussis - not specific.

Jan. 22nd Dilatation of bronchi.

Symptoms - Dyspnoea - Cough, offensive
puriform expect. Singling felt & heard
some distance fr. chest. Emaciation,
feet - Oedema of feet. Bronchial
tube dilated to 2-3 times normal size.

Saccular dilat. - Sudden expansion -
anything an inch or two further on.

Phys. Signs. Similar to tuberculosis.
Condensation mistaken for tuberc. de-
posit. Bronchial resonance & res-
piratory. Singling - cavern. res-
piration. Tuberc. Emaciation &

hectic heat - expect. not so copious - age of patient - hemoptysis. Phys. Signs at roots of lungs in dilat. Rheum. less dull generally - except in Saccul. dilat. In child diff. diagnosis difficult - may result fr. pertussis or rubella. Occurs in lower lobe - so does tuberc. ^{in children} but this last is rare in children - previous hist. crep. Comparatively incurable but not incompat. with long life. Hardly possible to cure. Remove chronic inflam. wh. causes it by obstructing bronch. tube & causing others to be overworked - stretched & dilated.

Gerbinth. inhalations - or balsams in Ether, Senega, Potass. Iod. or mucous membr.

Palliative Treatmt. By, astring. best treatment Iron, Ol. Monk. beef tes, Quin. Sulph. Ho. Ceres. Comp're in hectic irritation. Caustics have been applied largely by cone - inject. Arg. Nit. & XXX - But by means of catheter introduced into bronchus - Dr. Don't recommend it. Causes irritation & does harm. Can't select the particular tube.

Tube may be obstructed by aneurism of arch of aorta causing deficient respir. Murmur, may be fr. thickening of membr. fr. fibrinous

deposit - fr. calcareous accumulation in old patients - or in youth. Hemorrhage - total absence of respirat. - accumulation of fibrin. Relieved by cough. Fibrinous casts of tubes Sometimes thrown up - of incredible size - have to pass through narrow chink of glottis.

{ Emphysema - dilatation of air cells - Dyspnoea more or less permanent especially on exercise. Paroxysms, esp. at night. Cough, mucous expectoration. Genl health not impaired. Sometimes, follows bronchitis coming on suddenly. Phys. Signs Precord. more sonorous - ^{inspir.} murmur feeble; expiratory - more audible. Tremor diminished - vocal resonance too. Chest enlarged - generally locally - intercost. spaces especially. Dry rales. Cells sometimes size of pea - pin's head. Lungs pallid. Dilat. generally confined to margins of lobes, rounding them - Vesicular Emphysema. Interlobular - Air infiltrated into connective tissue,

fr. rupture of cell - pertussis. May be traumatic.
Air may work its way under skin of neck, & all
over body. (Man in Penna. Hosp. - candle extinguished)

Phthisis - hectic, emaciation, deep perspirations, in-
creased vocal fremitus & resonance - expectoration -
none of this here - may co-exist. Don't occur
in obstructed tubes but in the adjoining. Tubercle
obstructing one tube dilates cells of another & causes
Emphysema sometimes - they are not antagonis-
tic. Emphysema may mask tubercle.
Disease of heart causing bronch. congestion -
"Cardiac asthma" - simulates this - abnormal
sounds of heart show this. Emphysema may
mask disease of heart & if extensive is generally
associated with dilatation of right side of heart.
Pneumothorax - tympanites - absent
respirat^{ion}, ^{murmur} ~~compensatory~~ ^{hyper} percussion. Amphoric
resonance. In chronic form generally congeni-
tal. rarely cured. Acute cases may be
cured. Antispasmodics. Valerian. Uter.
Morph. Hyoscyam. Belladon. for Spasms.
Ipecac, Lobelia Inflat. Tartar Emet. if
much irritability exists.

Pulmonary Collapse - Atelectasis
Want of expansion, not collapse -
Child blue in face & lips. Post-natal
comes on after birth fr. disease & debilit.
Sometimes due to obstruction, may
be more or less extensive - has been
mistaken for lob. pneumonia -
Dark red patches, smooth & tough -
can inflate the lung - pleura not con-
densed with lymph or effusion. Involves
whole lung when obstruct. exists at the
root of the lung. Symptoms - Dyspnoea,
blueness, small pulse. Dull
percuss. feeble or absent respir.,
Increased vocal resonance, unless
obstruction is complete & collapse uni-
versal. With rale, may be mistaken
for pneumonia, in wh. phys. signs
& genl. symptoms are more marked.
Prognosis - depends on cause - if
from exhausting disease - apt to be
fatal - if fr. simple debilit. or ob-
struction favorable.

Treatmt must depend upon cause. Stim-
ulant child - cold water to face - Ammonia
to nose - inject Brand - flt 4" - 4" into rectum.
Electricity - in severe cases. Turpentine,
brand, bark in debility fr. Disease.
If from obstruction use Emetics.

Cau. 25th. Pneumonia.

Acute sthenic, adult pneumonia - A chill, decided,
fever, headache, cough early, not urgent or very pain-
ful. Oppression - pain when disease extends to pleura.
Expectoration - slimy mucus & air bubbles - becomes
tenacious & rusty; cup inverted, sputa don't run out.
Small capillary & air cell casts, pus corpuscles
epithelial cells & coloring matter of blood, under mi-
croscope. Yellow sometimes fr. alkaline matter acting
on coloring mat. of blood. Respiration normal
Sometimes - generally 30 - may be 60.
Pulse not very frequent nor small.
Face congested - purplish cheek.
Phys. Signs. Swelling, heat, redness & pain as in
other inflamm. Auscultation - Frebbles -

piration early, then mucous or subcrisp.
rare. Obscure dull percuss.
Later dull percuss. Crepitant rare,
vocal resonance increased. Respiratory
sound tubae later in disease & crisp.
rare not heard except in coughing. Almost
bronchophony. Have argophony, if slight
effusion into pleura. When inflam. begins
to subside - percuss. less dull, respiratory
sound less marked. Crepitant rare becomes
converted into rare rony - heard in in & ex-
piration. If abscess form - Cavern. res-
piration, gurgling & pleural rony.
If gangrene - horrible offensive odor -
Expectoration like tobacco or pruned juice.
Subsidence of febrile symptoms - less dif-
ficult respiration - favorable symptoms.
Chloride of Sodium said to disappear
in urine during disease - appearing again
with return of health. No aid in diagnosis -
may aid in prognosis. Dangerous ultimately
in tubercular diathesis - dangerous in
infant & aged - not so between 10-30,

Intemperance stands bad chance. Double pneumonia dangerous. Duration fr. 9 days - 3 weeks in children several months - 2 weeks ordinary duration. More frequent on right than left side - right lung larger - patients generally lie on that side, more exposed to congestion - no very satisfactory explanations. Delirium when driven, disease masked by it then. Absent from patients. Phys. Signs fair when disease is deep seated - than to rely on gent symptoms. Oedema of lungs - infilt. of air cells & finer tubes with serum. Crepitant rale in in & expiration - double sided, no fever, expect. different - rale less distinct. Cap. bronch. Subcrp. rale, high fever &c - Double sided - percuss. less dull - vocal resonance less. Pleurisy - gent symptoms. Corded pulse, intense pain, no expectoration. Side distinct - absence of all respiratory sounds. Suppressed cough. Can't have much pleurisy with extensive pneumonia & vice versa (!) Cardiac disease sometimes complicated - pulse irreg. Phys. Signs

Show pericardiac friction, sometimes bellows sound. Symptoms vary in dif. diathesis. Rubra - liable to pneumonia, starting with the eruption. Relious pneumonia in malarious districts - phys. Signs increased in exacerbations. Very extensive disease of right side may cause congest. of liver, icterodachne & bilious symptoms.

Epidemic febrile asthenic - may be sthenic - bleeding does harm.

Typhoid pneumonia probably nothing but typhus fever. Disease may assume typhoid character. Rheumatism, joint Erysipelas may be associated.

Includes many pathological conditions. In the congestive stage - more symptoms of bronchitis than solidification of lung. May be promptly checked in first stage with congestion. 2nd Stage Red hepatization - lung larger than its fellow - contains much blood wh. may be removed by wash^g. 3rd Stage - Gray hepatization - purulent infiltration - friable.

Abscesses do result frequently from acute, septic inflamm. of lung - not found often after death because small ones readily heal & if infect. is extensive patients are apt to die before they are fully formed. Treatment - of Septic form. Much dif. of opinion - expectant treatment, based on belief of its being caused by a poison which must be thrown off. Dr. thinks it may be so, but it is a dangerous belief. In the aged, & only typhoid cases we don't require active antiphlogist. Treatment We can't treat pneumonia by its name; must analyze each case. Bleeding in septic cases, or cupping over lung. Calomel. $\text{gr} \frac{v}{7}$ followed by Ol. Ricin. Lactar Emet. $\text{gr} \frac{ss}{10}$ - $\frac{1}{30}$ every 2-3 hours. Rasorify it in $\text{gr} \frac{xx}{xx}$ purged & went off in that way. Dovers powder or Dr. J. Pierce's B_{71} - Spt. Ammon. Arom. B_{71} Water. B_{71} - B_{71} occasionally. Rhusis over chest. Cerat. viride may be required. Diet - Supporting treatment. Laurene - Koffman's Acidine, Ammon. Carb. &c. Typhoid - Fr. Fer. Chlor. Wine, brandy, Lemon. Supt. Delirium in early stage - Nourish in to head; late stage - Stimulate.

Hypostatic congest. Change position of patient. Intercurrent pneumonia - Occurs in phthisical patients - phys. signs at upper part of lung - rapid format. of tubercle - very fatal ultimately. Often Subacute & may be chronic. Dull percuss. Bronchial respiration. Increased resonance & rumbles. Disease sometimes confines itself to lower lobe - hectic may set in & ordina of lower extremities. No tubercular diathesis.

Amphractic cavities in first variety. In the latter lung is condensed, indurated sometimes. Has been called Scirrhus lung, it is not yellow - but contracted & indurated - bad name.

Mustn't bleed patient in intercurrent pneumonia - may at first cup - give gentle laxative & alteratives - soon begin to support strength.

In the indurated variety may use iodine locally & give alteratives.

Jan. 26th. Pneumonia of aged - Jaundice, Ordinary ^{Pleurisy}
 Sometimes hearing, chill, febrile react. & oppression
 - sometimes no chill or fever, only oppression.
 Rales not so marked - more mucous rales -
 less vocal resonance etc. Very fatal to per-
 sons above 60 - last about 5 days.
 Very few recover above 70. P. m. - Very
 don't present ordinary appearance - I
 forgot, livid & somewhat purplish - col-
 lapsed & emphysema - probably often only
 collapse & emphysema associated with bron-
 chitis. Autophlogists dangerous.
 Crops - blisters left on a short time.
 Common. Cast. Senega, Wine whey,
 bark. Children - often latent fr.
 Icterus masking other symptoms.
 Difficult to auscult or percuss - rarely
 recognized. Generally one sided - phys.
 Signs diff. fr. bronchitis. Very fatal to
 children. Peculiar form - Lobular pneu-
 monia - may be several small patches.
 Phys. Signs not marked - so much healthy
 tissue - Crops, rales here & there. Aft

To follow Rubella & Capill. Bronch.
Pulmonary collapse often confused with
it - no fever or violent symptoms.
Phys. appearances diff. Lung can be
inflated in collapse.

Treatment - Don't bear much depletion,
Don't expectorate - may be asphyxiated,
Cuproot of lung $\beta\frac{1}{2}$ - $\frac{1}{4}$ - Counter-
irritant too. Must poultices - with
some mustard. If you blister, dilute
The ^{Canth.} ~~Canth.~~ or gangrene will result.

May give to promote absorp. Potass,
Nit, Pulv. Dov. Calomel recy, 3-4
hours. Don't starve child. Occasional
Emetics. Sequela of Pneumonia.
Gangrene - Not a common result;
may be in debilitated or intemperate in-
divid. Slight fever, oppression.
Subexp. rales - obscure. Dulness
fr. congestion. Car. resp. Singling
later. Horribly offensive, ash cold
blood streaked expect. Pen fatal -
one half apt to die. Laennec thought

Heartbunch attacked lung occasionally.
Cancerum oris has been attended with it.

Slight congestion in debilitated persons may
cause it. Embolism of pulm. Arter., not
likely to cause it - it doesn't nourish the
lung; Embolism of bronch. Arter., might.
Clots in pulm. Arter. common after
death fr. anything. Foreign bodies may
get into lung & ^{have} cause it - more apt to produce
Chronic pneumonia. Phthisis, with ulcer-
ated lung decomposing in cavity may compress,
but apt to be in upper part of lung.

Perhaps signs more marked? Chronic
bronch. with purpling & dilat. of bronch. -
both sided affect. Necrosed cartilage -
inquire into history of case - General
Syphilitic. P. m. - disease lower
lobe - local - bloody sanious matter -
line of demarkation - bronch. tube in-
flamed & lung tissue broken down,
Pneum. may be seen running through
it. Treatmt. - Congest. Stage - Dry cups
& irritatives. Sustain strength after

wards. Great diarrhoea & subcut. tend.
The latter with Hoffman's acid.

Labarraque's Sol. fMXX - every 3-4
hours. Keep every thing clean.

Ordema of lung - May occur idi-
opathically - Generally associated
with joint dropsy. Subexp. rale -
both sides - root of lung - in res-
piration - slight dulness & increase
of vocal resonance. Common after
Pneumonia - Disease of heart with
congested bronchi. Not fatal in itself.
Associated with organic disease.
Expectorants - Squibb's Syrup,
Eglin's Cathart. & diuretics.
{ Pleurisy - Inflamm. of pleura -
Pain - rigor possibly first - Coldness
of extremities - febrile reaction.
Frequent reduced pulse. Pain
generally about nipple - edge of lung
being more in motion - Speaking in-
creased pain - so does coughing & breathing.
Diaphragmatic breathing. Pain

not always at seat of disease - may be in abdo-
men. Especially deceived in children.

Phys. Signs - inspection - less motion,
Respirat. feeble at lower part - gradually
ascending - range entering disappears.

Respirat. may be stagnant finally -
Dullness grad. ascend. Change could

be changing position. Under clavicle
percuss. more or less tubae - Thigh

dull - high pitched - Same case at
root of lung - unless effusion be great

causing flatness. Chest augmented
in size - organs displaced - Liver & heart,

Vocal fremitus less marked - returns
as absorp. goes on - so does clear percuss.

~~Pharynx~~ Pharynx, when fluid is not too
great. Triclinic sound in first stage

as effusion disappears. Shoulder
& scapula displaced - return with

decline of effusion.
Deformity apt to remain in adult -

even disappears in children.
Cause - Cold - long exposure - Sudden

vicissitudes, May be secondary fr. jaundice
or tubercle, or ruptured air cell or may
be traumatic. Very common & not very
fatal except in tuberc. tendencies.
If absorp. ceases & chest sets in -
probably pus formed - unfavorable.
Cavity Compound with Pneumonia -
few Symptoms & phys. Signs diff't.
Pleurorrhoea - Pain - less motion -
slight dulness & feeble respirat.
May be slight effusion, fr. Rheumat.
extend. to pleura. Generally seen in
other places simultaneously.
Latent pleurisy - no pain &c.
May first find effusion - generally
local - may become encysted & open
into bronchus - pus being expectorated.
Sometimes diaphragmat. Short & hurried
respiration, Pain arising -
hiccup, nausea & vomiting - frequently
fatal. P. m. - Sternum Cases -
pleura reddened. Subserous tissue
injected - Latex - 2 - 3 quarts of

Serum or if Chronic, pus - Empyema.
 Sometimes pleura roughened - adhesions,
 bands being formed. May find large masses
 of deposit over lower lobe - lymph.

Treatment. Mild antiphlogistics, vigorous
 cases bleed. Others - Cups, Leeches -
 Mercur. purg - Saline laxatives. Full
 Opium - Calomel & Ipec. powders when
 inflam. is reduced. If effusion - Diaph-
 oretics - Diuretics - Blisters - Takes some
 time to get rid of effusion. If effusion is
 very great & can't be removed otherwise, may
 tap patient - may convert pleurisy into
 Empyema; don't operate rashly.

Case. 28th Chronic Pleurisy. Living.

May be a sequelae of acute or may come on
 insidiously - occasional stitches in side -
 a little hectic in count.

Phys. Signs - indicates pus in cavity of
 pleura - Empyema - Side distended -
 ascend. - Cava obstructed - Superficial
 veins of Thoracic parietes distended in

consequence. Respirat. pleuritic and
SOUND Side - Slight bronch. congest -
Dry rales, cough. May be purulent ex-
pect. fr. bronchiae congest. possibly fr.
Endoemosis without any fistulous
communication. Viscera pushed out
of place - Serous or latex pus becomes
fichorous - Corrodes lung & is discharged
Of - if per day. At other times a
fluctuation appears in intercostal
spaces bet. Sternum & costal - may
be mistaken ^{when over heart} for pulsating ^{aneurysm of} ~~maxilla~~
aorta. May be discharged outward or
inward have then amphoric resonance,
etc. - pneumothorax. Pus becoming
discharged patient may recover. Com-
monly die - Necrosis of ribs apt to
ensue if in tertiary persons.

Duration indefinite - D^r has had
a case 4 yrs. succumbing ultimately.
lung rarely regains normal position.
Another form is "encysted pleurisy"
No heat, slight cough, dulness on

percuss, no bulging - no enlargement of veins
 or purulent expect. Serous not purulent
 effusion. Empyema - Pus in Thorax,
 fetid gas fr. decomposition. Necrosed ribs - vis-
 cera displaced. In the last form - pleura
 indurated - imperfect organization. Serum,
 not pus. May be mistaken for enlarged
 liver - no bilious symptoms. If energized
 variol - Case hopeless - Effusion may
 be absorbed; if Empyema exist, pus is
 variol absorbed - becomes acid & ulcerated.
 Lung becomes bound down to mediastinum.
 The sooner paracentesis is performed the
 better - incision nearly down to pleura -
 then sharp trocar to penetrate false tough
 membr. of pleura - Don't draw off all at
 once - allow wound to heal if it will.
 May inject cavity with milk & water -
 or cod. fish oil - or tepid water.
 Wash from Old Menhaden, beef tea,
 wine. In much energized pleurisy,
 may use exploring needle - if symptoms
 are not urgent don't tap. Mercu-

ities, diaph. & laxation.

The most common form is Latent,
tuberc. pleurisy. Patient emaciated,
slight cough, uncomfort. sensation,
slight hectic - harsh friction sound
in side - slight dyspnoea. But
little effusion - Chest contracts later,
fr. organization of effusion. Apt to
be both sided & almost always
attendant on tubercle. Use
Treatment adapted to latter, build
up strength.

Pneumothorax - air in cavity of pleura,
very common. May be due to abscess,
gangrene, bursting of cec. in emphysema.

Empyema - N.S. without fistula.

Tuberc. ulceration The most common
cause - left axillary region
generally - right cavity being frequently
obliterated by pleurisy - phthisis
is common above & adhesions pericard.
pneumothorax in upper part of chest,
Sudden, Great pain, dyspnoea,

collapse of lung. Pain intense fr. small vomica; may be insignif. If opening is large air may re-
turn & not notice the opening - if valvular,
distension is enormous - tympanitic - metallic
resonance & tinkling, amphoric breathing.
May tue fr. pleurisy or emphysema by percuss.
& auscult. May be fatal in a few hours -
apt to occur if other lung is diseased - if com-
paratively healthy may live many weeks.

P-m - cut down to pleura - expose it - punc-
ture it & apply lighted candle; it will extinguish
it & may relight it - may test air for CO_2 by
lime water. May fill chest with water & in-
flate lungs - see bubbles of air escape through
water. Treatment - give freedom of opening,
punch, Carb. Ammon. & nutritious food.

Tapping imperative - may have emphysema
of whole body. Traumatic - fracture
of clavicle - lung wounded collapses -
tympanitic, percuss, amphor. resonance
Wounds may heal - have pleurisy - other
signs & patient cured.
"Pneumothorax" - air results

Decomposed pus - N.B. No amphoric resonance or metallic tinkling, not having any fistulous communication.

{ Tubercle of lung - Phthisis - Consumption. ^{Walt} "Phthisis pulmonalis" - "tubercular phthisis better name.

3 Stages - 1st Tubercular Development, 2nd Tubercular Softening - 3rd Tubercular Excavation.

First - hacking cough, little or no expectoration, ^{slight} pleuritic irritation - loss of weight in months - easily fatigued - flesh not so firm - a little palor.

Hemoptysis may come on at first - very little or considerable - generally unimportant; may relieve patient temporarily. In female have arrest of Catamenia - apt to suppose the latter the cause, wh. sometimes occurs in nervous persons. More unfavorable in man than woman on this acct. Enlarged, clubbed fingers - may occur in other diseases, but is important in

connection with other symptoms. Kums said to have slight red line - not reliable - common in any chronic blood disease. Expect. even under microscope in early stage is not very important. Phys. Signs - first stage - motion of chest diminished under clavicle - obscure dull percuss. Vocal resonance slightly increased - respiration rude - jerking, Expiration slightly prolonged - all this may be normal on right side.

2nd Stage, hectic, greenish, purulent expectoration. Phys. Signs - Crackles decided dulness - flattening of chest, under clavicle, bronchophony, increased fremitus. 3rd Stage - Softening - Hectic symptoms decided - Coughs purulent expect. Percuss. amphonic, of cart. near surface - pectoriloquy jerking, amphonic respirat. Metallic tinkling - if they disappear temporarily they return after coughing, After a sudden arrest of serious symptoms - strength failed &c

Sooner or later a new deposit & softening
takes place & finally vital powers are
exhausted & patient dies. May have
ulceration of larynx & pharynx -
causing dysphagia & aphonia, or
stomach gives way & dyspepsia comes
on - occasionally only in last stage,
but may precede the disease.

Diarrhea - may be colliquative or
due to ulceration & perforation.

Tuberc. meningitis, pneumonia, ^{in young}
peritonitis &c may be complications.

May be latent in chronic forms -
especially in children as the brain
not being affected by reflex irritation.

Phys. signs always present.

May last fr. one year to 20; in the
latter case must have been local.

Acute phthisis may kill in
30 days - fr. inflam. complication
or acute disease in tubercular
diathesis. Diffuse bronchitis
may confuse us in children.

Frequent periodic - hectic chills depend
upon tuberc. irritation - Quin. Sulf. don't
stop it. In young subject generally acute
& attacks lower lobe; old persons upper
lobe & chronic.

Jan. 29th. Phthisis con
fided to a rather form common among Colliers in
England, called black phthisis - D. has never seen
it - due to lamp smoke, particles of Carbon - gun-
powder used in blasting &c. Some think it extravasates
blood - D. don't know. Easy to recognize phthisis
generally. Debilit. at first - Nutritional defects
&c later. May be confounded with Chronic
Catarrh - No signs of tubercle. Emphysema
may mask it. Dyspepsia, often attended
with cough; mucous expect. & emaciation.
Often complicatio with phthisis. Advanced
stage - bronch. tubes may be dilated giving
res. dullness, purpling &c & cyanosis etc.
Both sides, rare history of case.
Remittent Fever, gastric & bilious dis-
order &c. Lymphatics - more difficult

may have delirium, tympanites, dranked
re. No rose cold tache & epistaxis, & phys.
Signs diff. Microscope in examining
sputa, little aid. Gum line "not valuable".
"Spirometer" - occasional aid.

Prognosis - Very unfavorable - 1 in 6
Deaths North of Tropics supposed to be
caused by it. May undergo Calcareous
Degeneration - may soften, be discharged
& cavities occasionally cicatrize - lung
shrivelled & bands formed across orifices of
larger tubes - very often seen in old persons
fr. presumably one cause or another.

There should be loss of structure in these
cicatrizes. At apex of lung may be
associated with pneumonia lob.
disappearing, you imagine there has
been softening & cavity - cicatrized.

Hereditary Disease less favorable
than those caused by exposure, those
occurring in hemorrhagic tendency
or associated with ulcerated pharynx
or inflammation of Larynx much less

favorable. Etiology - Disorders primary
 assimilation - unhealthy blood & secondary un-
 healthy nutrition - inflam. being set up, un-
 healthy deposits take place - unorganized de-
 posits - inflam. to induce it must be seen
 in tuberc. diathesis. Chronic inflam. Ex-
 hausting strength may induce it, independ-
 ently of diathesis. Exposure, improper
 food, exhausting discharges & exciting causes.
 (Nephros may have development of tubercle espe-
 cially in lower lobe.) Patient may bleed
 to death instantly fr. hemorrhage in last stage
 of phthisis - not so in early stage, when it is
 due to congestion. Cancer may supervene
 & tubercle undergo calcareous degeneration,
 often fatty degeneration of liver & enlarge-
 ment of stomach. Fat is taken up from
 tissues & lungs being diseased it accumu-
 lates in liver. Precautions. Hygiene -
 when there is diathesis - go to Country,
 Avoid any occupation likely to irritate
 lungs, exhaustion, deprivest passions,
 Regulate bowels - good diet. Avoid

atmosph. vicissitudes. Take out door
exercise. When tubercles are formed full
Hydrag. used to be given - Enting aban-
doned. Iodine - acts on Emunctories & active
bronch. Congest. but not tubercles. Ammon.
Murias useless. Pot. Bromid, Potass.
Chloras not useful. Iron useful to
build up strength & improve blood - not
a specific. Ear, wood Naphtha π =
moves bronch. congest. but has no effect
on tubercles. Al. Mumb. prolongs life,
patient gains strength, but there is no
cure. Acidif. of primæ viæ prevents
action of pancreatic juice on fat-tissue
take it up fr. themselves. Prolonging
use of Al. Mumb. may do good & being
more easily assimilated - Contains
Gummi, Iodine, bile &c.
Glycerin has been tried - not useful.
May continue Alkali with Al. Mumb.
Phosph. of Lime or Soda, when patient
can't take it alone, If it Exudes
through skin, not apt to do much

good. Alcohol now much used - large amts.
Don't intoxicate. Lardaceous use in small quan-
tities does good - prevents rapid destruction of
tissue & supplies heat - patient gets fat.

Syr. Phosph. of Lime & Soda introduced be-
cause supposed to be a want of Phosphates.
(Syr. Hypophosph.) Not a specific - too stim-
ulating when there is congestion &c. May be
very useful. Inhalation - injurious if
cavities exist & do no good except for
accompanying laryngitis. Caustics, more
harm than good. Counter irritat. Can
do no good except when there is trachea,
irritat., or pneumonia.

Palliative Treatment. Cough - Don't
give nauseating expectorants. Lardaceous
use of Acid. Hydrocyan. Morph. Hyos-
cyamus. Diarrhea - veg. or min.
astring. Always late can't stop
stomach. Hectic - Tonics & supporting
treatmt. Night Sweats - Sbz Dilut.
Rub Surface with Capsicum & flour
Alum & brandy - Out door exercise

cise. Hemoptysis - rest, ice, turpentine.
Fistula in ano - caused by accumu-
lation of feces - pressure during cough.
D^r thinks it a protection - must be
try to cure it - fortunately difficult to
cure. - Climat - Sea voyage etc.
May take Sea voyage if patient is
not readily made sick & voyage is
not long. Want a cheerful society,
change of scene, out of door exer-
cise. Mustn't go to very cold or very
hot climate, want a dry, equable
climate - don't go to hotels or congre-
gations of Consumptives. Don't send
them anywhere except in incipient
stage; don't send them away to die.
Consumptive Mother should not smoke,
her child get healthy wet nurse.
Consumptive people shouldn't marry
one another - disease entailed on
progeny; leads to nothing but misery.

February 1st - 64. Pulmonary Apoplexy.

Apoplexy may indicate several affections -
 N - applies it to effusion of blood into substance
 of lung - Dyspnea, bloody expect. fever
 pulsi. Dull percuss, bronch. respir.
 rales in larger tubes. Etiology - may occur
 fr. congest. fr. cold - Severe mental emotion
 Debilit. diath. Cold stage of intermittents.
Hypertroph of heart rupturing vessels -
 valvular Disease - giving rise to oedema
 or hemorrhage. Rarely very severe
 hemorrhage, but signals indicate
 heart disease. Indurated masses
 under pleura - may break into pleura,
 Expect. Chemo-offensive - has been
 mistaken for gangrene - Induration
 smooth on cutting - can press out
 blood. If owing to plethora may
 be expedient to deplete - cups,
 Digitalis, Verat. virid. Antimony -
 Spongi. Carpac. - if excessive
 Bleeding. Acon. & Opium - Laudan.
 Lemon juice & Turpentine if fr.

Scurvy, Cancer of lung. - More
or less of oppression & cough. Mucous
or bloody expect. Percuss. flat.
Bronchial resonance - bronchoph.,
no rale. Cancerous cachexia; Not
Common - I have seen but five cases.
Common localiz. - Mediastinum in
bronch. glands. Obstructs circulation,
causing dysphasia, pain, oedema,
dyspnea, Waller's Sound fr. pres-
sure on aorta. Difficult to tell
fr. aneurism of Aorta, but for
Cachexia. May have enlargement
of cervical glands & mistake for
Scrophula. Dulness greater than
anything else no rale.
Infiltrative form may invade whole
lung - phys. Signs - bronchoph.,
bronch. resonance. - mucous rale -
can't tell by phys. Signs fr. tuberc
or chronic bronchitis. Veins of
Side of chest may be enlarged fr.
pressure on ascend. Cava.

Latent form - Cancerous tubercle,
 Size of pea - no phys. Signs. Follows
 extinction of cancer elsewhere. Straw
coll tint - ordina of lower extrem.
 Can't cure cancer of lung - give
 Opium if much suffering.

Functional Diseases of Lung
Asthma - paroxysmal, kind of
 dyspnea, with wheezing, cough & ex-
 pectoration of mucus or cough phlegm.
Cardiac asthma & pulmonary asthma
 depend upon disease of heart & lung.
Cardiac disease causes congest.
 & dyspnea. Pulmonary asthma not
 more congest. but associated with
 spasms. Blue hands & face
Coldness - attacks often ter-
 minate in secretion & cough.
 May be brought on by atmosphi. change
 or mental emotions. If prolonged
 man dies of asphyxia. Must
 know cause to prognosis accurately.
 More common functional

hence called "Spasmodic asthma".

Muscular element becomes rapidly developed under irritat. May have contraction fr. a variety of causes - nervous temperament - mental emotion - very slight atmospher. changes. Sometimes changes to city - sometimes to country cure. Spinal irritat - any irritat. Mat. morbi exciting irrit. Souf poison eliminat. by bronchitis. May be due to paralysis of bronchi. Some have thought it due to disorder of pneumogast, not found to be so. If due to organic disease can't hope for cure.

If fr. nervousness may live a long time & grow fat - fat not so much effect as cause - fat people apt to have fatty heart, causing Card. asthma. Ront too may cause asthma fr. causing organic heart disease. Must discriminate bet. the causes, to treat properly. Sit. & sonorous rales mask every-

this during paroxysm - in the intervals find
 out - previous history, diathesis. Hemo-
dynic - no orthopnea or wheezing.
 When organic - disease of heart or lungs
 upper nervous, no organic lesions. I
 sent exaltation of nervous system
irritability of bronch. Emphysema,
 sometimes congenital - causes asthma
not the effect generally. dilatation of right
ventricle of heart. In severe attack,
 Throw open windows - allow respir.
 muscles free play - wheezing sound,
 livid surface - cold - full pulse.
 Hear no vesicular respirat. Rales.
 Obscure dulness - chest rather dim-
inished in size - epigast. tucked in -
 commonly the case in nervous cases.
 (Salter on asthma - read) Where chest
 is distended emphysema is associated.
 Duration - fr. an hour to a day, or two.
 Comes on fr. 3 - 6 a.m. generally -
 pass in comfort supposed to call it
 into action. Don't know the reason,

"Hay asthma", fr. exhalation fr. fields during
hay cutting (Lad, at Long Branch) "Rose
Asthma" - fr. smelling roses. May be pro-
duced by *Specae*. Assafr. or any-
thing depend upon idiosyncrasy. Some-
times periodic - once a year.

Treatm^t - if due to organic cause -
treat. congest. hot foot bath -
blue pill - act. on *Myunc*.

Specae. Antimony, Lobelia &c
to promote bronch. secretion.

If nervous - *Hyoscyam*, *Stramonium*
Ether, Indian Hemp. Spt. - ʒss - ʒi
very few hours. Cigarettes of
Stramonium, *Strong Coffee* may
ward off. *Uterine irritat.*, *Y. lb.*
injet. If *Spirae*, *Cupes*.

If paralytic - cold water in face -
Electricity. In the intervals, if
organic danger palliate - mitigate
suffering; If nervous - wholesome
food, tonics, Exercise - possibly
Change of Climate, Large, Smokes

cities thought by some best. D^r thinks warm, moist localities best. ^{Quincy}

Diseases of Circulation System
very obscure without auscult. & percuss.
Size of heart, about that of patient's fist.
Smaller in sedentary men & females.

About $5\frac{1}{2}$ inches long - $3\frac{1}{2}$ broad at base.
Left ventricle $\frac{1}{2}$ in thick - right vent. $\frac{1}{6}$
of in. thick - Each auricle - $\frac{1}{8}$ in.
Weight - 12 oz. May be pushed to
right or left. Fat &c, inspiration affect
Sound - indurated lung, effusion &c ditto.
Dulness varies with above cause.

Impulse - 5th intercostal space. Cause:
some teach it is active dilatation - D^r
don't; he thinks it the active Systole -
contraction. Sounds - first accompa-
nies Systole - inf-fr. beip lower down.
Supr., Second or diastolic sound -
first twice duration of 2nd & soft &
booming. Short period after first
Sound (4 - 1 - 2 - 3) - long after 2nd.
(Schthoscope for ^{1st} bernatus - or ^{2nd} unice

certainly have palpitation & blowing sound)
(\pm experimented on animals at slaughter
house & found first sound due to systole -
could hear it with stethoscope). Propped
~~open~~ Semilunar valves & still found
Second sound caused by closure of
Semilunar valves.

First sound by contraction of ventri-
cles in connection with closure of
auric. vent. valves & rushing of blood
through column. Carinae.

Feb. 2nd - 64

Heart sometimes communicates lym-
phatic sound in cases of large cavities
in left lung, heard by patients & by stenders.
Sounds may be diminished by morbid-
ity - may hear clacking sound of mitral
valve fr. muscular contraction of ventri-
cles being partly fr. debility. May have
twice as many pulsations of heart as
at wrist - pulmonary & systemic con-

Tractions both being felt at diff. times.

Adventitious sounds - New sounds - Endo-
Cardiac pericardiac. Endocardiac
 Sounds, fr. Disease of valves, - deposits,
 insufficiency, constriction &c - Disease
 of position of sound.

Bellows Sound - may be double - generally
 single, depends upon insufficiency or
 upon roughening. Saw Sound - Like
 strong hand saw - generally double.
 May be at aortic or mitral orifice,
 like the last - respiration rough-
 ening. Pile Sound - metallic ring-
 at either of above orifices - generally
 double - Contraction of orifice & pres-
 ently osseous degeneration. Sometimes
 sounds are soft. Sometimes rough.

The higher the pitch the greater the amount
 of degeneration. Aortic disease high
 up on sternum. Pericardiac sounds
 like those of pleura - fraying, grating,
 creaking - friction, churning sound, crack-
 ling sound; frequently attended with

frémilus, lean't always distinguish ~~the~~,
Endo- & pericard. sounds. The latter are
more superficial - by firm pressure
with stethoscope causes frict. sound
to be more distinct - may have
frémilus too. Valvular disease more
regularly & steadily synchronous with
contraction of heart & heard further fr.
heart on either side than pericardiac
sounds. Patient had better sit
up & lean forward, take a deep ex-
piration to hear bellows sound.
Exercise enables sound to be heard.
Muscular disease may exist to
a certain extent without valvular
disease & vice versa. Pericardiac
disease not so often associated with
muscular disease.

Muscular Structure -
Hypertrophy - unusually developed
heart - Simple, concentric & eccentric.
Simple - parietes enlarged - Cavity
normal - No bulging - increased

force - causing flushed face & congestion some-
times. Concentric - Cavities diminished
& parietes thickened - Small & wired pulse
(left vent.) Difficult to diagnose.

Eccentric - most common - Enlarged
Cavities & thickened walls - called
hypert. with dilatation. Circulation very
forcible - pulsation in jugular veins.
Determinat. of blood to lungs & brain
as well as other viscera - Congestion,
jaundice, Bright's disease &c.
Pulse full & bound - flushed face,
Cyanosis - active hemorrh. tendency,
Sulcus on pericard. Prominence in
young persons - solid stethoscope
shakes your head, Sound quick
& loud when dilated, predominates over
hypertrophy. Cause - over work of
heart, nutrition being good - lifting, speak-
ing, Stimuli - highly nutrit. food;
Aneurysm of aorta causes increased
action - Emphysema of heart.
Dilated aorta. Must remove cause

in order to cure. In dilat., sounds
clear & loud, no prominence, little
impulse, pulse circulat.

Pericard. effusion - triangular due
Percuss., rests on diaphragm, ex-
cept in adhesions.

Anatom. appear. - weight 4-5-
lbs - 9 in. long max. - 4 ins. wide.
Left ventricle very large. Valves generally
affected. Heart - Depends upon

Cause - if organic only palliation.
Avoid stimuli, over exercise & high temp.
Digitalis, Verat. virid. Bleeding & pur-
ging makes man anemic - Does harm.
Dilatation of heart - not very
common uncomplicated.

Power enfeebled - if right side - Cyan-
osis, fr. imperf. carbonizat. passiv.
Congest. of brain red den. viscer.
If left. Intermitt. pulse, blueness,
Cool extrem. Congest of liver, kid-
neys - ascitis - oedema - passive
hemorrhage &c.

Increased dulness, no prominence, no abnormal sound - normal sounds larger.

Occasional bellows murmur when rejugitated, is superadded. In aged may mistake for hypertrophy - no bulging - if much valvular disease sounds become muffled. Nervous palpitation. loud heart sound - increased dulness, pain fr. pressure on bellows sound. (nervous, anemic cases) May be dilatation fr. anemia. Cause - same as that of hypertrophy, only in an improperly nourished patient. If organic - unfavorable - palliate - may have sudden death. Clavities - especially right ven. much enlarged - muscular structure almost disappeared.

Treatment - impaired nutrition - Iron, good diet. Organic disease - palliative treatment. Don't bleed & don't give arsenic sed. Congest. Counter irritant.

Dropsy - diuretic. Arrous. circulation - hot bath - don't take cold bath. (Water cure patients)

Valvular Diseases. Have roughening
& insufficiency, causing bellows sound.

Feb. 4th. Valvular disease.

Mitral, as well as Aortic valve may be
ossified & insufficient at same time - bellows
sound, saying & heard as both sounds.
Right side very rarely diseased.

Have trembling of heart where there's
much valv. obstruct. Often impossible
to tell insufficiency fr. constriction -
pulse of femoral - Aortic orifice - Dorsal
pulse - irregular & small in constriction.
Blood backed up on all the organs -
causing congestion. Prognosis influenced
by age - Rheumat. Endocard. in children
favorable - apt to end in cartilag. format.
late in life. Sounds muffled shows
obstruction to circulation.
Treatment. Can do little. Patient must
be careful - use no stimulants, powerful
exercise or mental excitement. No re-

plethora or anaphrodisia. Iron, bark &c.
 When congest. of lung occurs - Stim. expect. &c.
 valuable. Congest. of liver - Cathartics &c.
 Kidney - diuretics. Pericarditis - often
 chronic, dyspnoea, irregular pulse. May be
 delirium, great oppression & oedema of mucous
 effusion. Very common - often latent.
 Phys. signs. Trausig, then friction sound,
 then effusion & triangular dulness or
 pericard. becoming more sonorous, frict. sound
 & after adhesion, or permanent roughing, frict.
 sound. May have chronic form with per
 instead of serum - hectic irritat. & phys.
 signs of acute. Tuberc. pericard. frict.
 sound - not much effusion; adhesions.

Danger not immediate - if adhesions occur
 it may be followed by hypert. Especially if
 adherent to costal cartilages. Apt to become
 complicated with endocard. then dangerous
 Urticaria, rheumat. diathesis - Sanguis
 Diathesis. In pleurisy we have effusion
 at lower part of thorax - heart may
 be forced off to one side. Lung becomes

displaced when there is much effusion in
pericard. Treatmt: mild antiphlogist,
Cups, Leeches, Calomel & Dover's powder,
Digitalis, Ant. & Pot. Carb. Blisters
over heart. Laxatives & diuretics for
effusion. Chronic form - runs in
cavities of Pericard. Tapping has been done
with success, but is dangerous - apt to
complicate pericard, with empyema
& may wound heart. Tuberc. pericard. -
Rare, old men, healthy air.

Endocarditis - uneasiness -
Dyspnea, irreg. pulse, cold surface,
liver lips - single or double bellows
Sound, especially of mitral, No
great dulness, no frict. Sound.
Cause - Same as pericard, Rheumat.
inflam; often associated with pericard.
Phlebitis may extend to right side of
heart. Progress - more serious -
not in itself very dangerous -
thickening; cartilag. deposits,
dilated heart - favorable in

young - unfavorable in old persons. Congest. of
lungs, brain & bad symptoms.
Treatment. Blister, mild antiphlogistic,
Art. sedatives, Calomel & Dover powder.
May give Potass. Iod. in Chronic cases.

Aneurism of Thoracic Aorta

Darking pulse, dyspnea - rasping sound
behind sternum, (Cystole) followed by bellows
sound occurring in diastole - in dilatation

of aorta. In aneurism there is no
rupture of int. & middle coats of aorta.

False aneurism - rupture of int. &
middle coats - dull percuss.
thrice, increased impulse - single,
loud, rasping sound. We have simply
dull percuss. if tumor is not freely
permeous to blood. Dysphagia, hoarse
aphonia, dyspnea - if pericard. to right
or left side have none of these genl
symptoms. Common ruptures into
Oesoph. pleura, pericard. &c.

Enlargement of bronch. or thymus
glands occurs only in children,

aneurism never. Cancer has diatheses
& cachexia. Cause - impaired nu-
trition causing Calcification, roughening
& rupture - occasionally it ruptures
into Coarct & works way down, finally
opening again into aorta. If have
aneurism of descend. aorta we have
pressure on left bronchus. May
press on pericardium, & have dyspnea=
sis, cough etc. May press on Spinal
marrow & cause paraplegia.
Enlargement of liver &c over aorta
may confuse us. Can't cure
aneurism - may relieve patient.
Don't put patient on reduced diet -
makes blood watery & prevents coagu-
lation - Give food, diet, perfect rest,
art. Sedation - Digitalis. May possi-
bly do good with Phos. Acet. Ergot
may do good. Patient may sit up
in bed with most comfort unless
tumor is pressing upon Spine.
Acute Aortitis - very rare -

General, nothing but nervous palpitation. Membr. found red means nothing. Chronic General due to atheromatous deposits fr. impaired nutrition - occurs in very old people. Carditis very rare - may occur fr. extension of pericardio-card. Abscess found p-m. may be metastatic.

Disease of coronary vessels in old people impairs nutrition & causes fatty degeneration. Fatty degenerat. feeble, irreg. heart, oedema, dyspnea. Normal, but feeble heart sounds. liable to sudden death fr. rupture of heart. Associated with other fatty degenerat. Find casts of kidney "Arcus Senilis"; very common in feebly patients. Heart color of autumnal leaf - greases knife. Patulous foramen of Botai - dyspnea, cold surface - blueness of surface, dull percuss. Placing on right side does little good. If heart is healthy may live up to 12 yrs. or more with feeble development of all the organs - Contractile rules

monary artery &c.

Heart clot almost always found after death. Pseudo-fibrinous mass, partially organized is here alluded to - Common in right auricle - anything causing full action of heart or slow passage of blood causes it. Decid. pericard. fr. plug in valves may slip off & cause embolism & gangrene. Great Mt. Soft Clot - Stimulate heart; when firm, can do little or nothing - position may do good = putting head downwards & tilting heart forward.

Feb. 5th Scurvy - Scurbutus.

A form of hemorrhage - Genl. prostration - long or short - hemorrhage. Spots - first on lower extremities. Pins head - to swell pea. Fibrinous exudation often - kind of kness - nodes. Hemorrh. fr. Mucous Membr. - occasional in solid viscera, causing apoplexy in brain &c.

Cicatrices resens. Fractures are resens.
 General amenable to treatment - may
 have sudden death fr. int^l hemorrhage.
Typhus fever. resembles it (Spotted fever)
 always attended with fever & diff^l. Eruption
 Chronic dis. of Spleen. Ulcers - petechiae.
Purpura hemorrh. resembles it.

Land Scurvy -

Purpura - midsummer - fine health.

Scurvy - Winter - end of - impaired.

Sore gums - relieved by lemon juice - not
 so purpura, in wh. spots are smaller - no
 nodes or deposits underneath.

Blood spots on mucous mem^{brs} may
 find apoplexy or various hemorrhages.

Blood decomposed - Corpses ill broken
 down. Color^d matter effused in serum.

Etiology - used to be thought due to salt
 diet. not sufficient alone to cause it
 & it's use don't prevent cure.

Use of salt in excess renders blood
 more or less fluid. Heat sometimes
 develops it, so moisture & filth.

Antiscorbutics - Succulent vegetables
& fruits - Cabbages, potatoes - lemons,
vinegar & Potassae. Supposed now
to be owing to absence of Potassa, wh.
abounds in milk & fresh veg. (Lemon
juice - Potass. Cit.) Occurs particu-
larly in prisons, camps, ship-board &c,
new countries - rare in Syria, wh.
fresh veg. are plenty. Treatment.
Prophylactic - lemon juice, French
wines, Cold Slaw, Salad. Fresh meat,
porter, fresh air, cheerful society - Min.
Acids. Lau. & gal. acid. Fer. &c to
control hemorrh. Don't bleed, don't
disturb or give Hydrag. Change of
diet, modifies blood & cures the disease
Attend to "Language of stomach".

{ Purpura - Eruption smaller & higher
{ more extensive, fainter No fever
Symptoms - may be Cassitude,
reflected if proper diet Sometimes
briq on. Young persons, good health,
bright spots - Simplify. Hemor-

shag, tendency - hemorrhage, older persons,
more or less impaired health, No anasarca,
lesions - blood spots. Various hemorrhages,
Simply - Excess of red Corp. Hemorrhage,
blood broken down - fibr. altered - colored
matter effused. Bennett thinks latter
ident. with scum. Never have large
fibr. exudation - no spermy gums - Sum-
mer. Not often fatal - tedious -
one erupt. succeeds another. Hemorrh.
may cause sudden death.

Obstinate - (Hemorrhage; passive hemorrhage,
Simply; - active hemorrhage.) Simply -
op. acid diet, laxatives, art. Sedatives,
Hemorrhage - invigorating patient,
Nutritious diet, wine, Iron, Muc.
Acid. St. Gerbault, Creasote &c.

In active hemorrhage, blood flows
rapidly & is florid - provoked by
Exercise ~~excessive~~, intense heat -
hypertrophy of heart - active system
of not in excess or is solid & an-
passive hemorrh. full pulse,

Blood dark, flows slowly fr. any part
of body - no particular spot. Caused
by depraved genl health, depraved blood
etc. Active hemorrh. often veneficiale -
passive hemorrh. hurtful - debilitate
hemorrh. diathesis. Patient bleeds
profusely fr. ecchymosis, lancet cut
etc. Most common during Exhaustion
Convalescents, especially young children.
Metastatic, Supplementary & Recur-
rent - takes place of habitual
discharge - hemorrhoids, menses
etc - fr. Skin, nose, nipple etc.
Generally relieve patient - prevent
Compst. Dangerous if occurring
in import. viscus. Occasionally
There are ruptures or ulcerations of
vessels - in others periculate
wound of vessel. If hemorrhage is
active & there is plethora - don't check
too sudden - Elevate part, rest
refrig. Applicat. - if urgent -
derivations - ligature, Art. Sec.

Some have bled fr. arm - patient stands Thus
diminishing "vis a tergo". Might produce Syn-
cope & cause heart clot - put them in hor-
izontal position - NH_4 to nostrils -
inject brandy & Carb. Ammon.

Transfusion of blood sometimes necessary
after hemorrhage - human blood -
proper temperature. Apt to introduce
air & cause death.

Passive hemorrh. Check by mechan-
ical means if on surface. Astringent
Solutions of Alum. Gallie or Tan. Acid.
Persuapt. of Iron. Turpentine or Creosote.
If fr. Cuts - Plum. acid. - Slackens
heart action. Ergot. causes contract.
useful in passive hemorrhage.

Matrics - not in itself astringent. Contains
an oil, wh. is useful - Powder acts
only mechanically. O_2 . Ferribith.
 $\text{R} \times$ every few hrs. on sugar.

Constitutional - regulate diet & give
gentle laxatives. Vicarious - repro-
duce original hemorrhage by pus-
tules

ve. Phlebitis - inflam. of veins -
Often suppurated. If ext^l - red line,
induration - nodulated - abscesses
often. Erysipelas of parts emptied by
it. Pyemia when pus is absorbed or
in vein - hectic, metastatic abscesses
in various places. Chills, icterus here,
colic, diarrhoea, &c - death.

Feb. 8th Treatment of phlebitis.
If ext^l - hot fomentations - blisters &c as
Erysipelas - not necessary to bleed.
Pressure on vessel to prevent passage
of pus &c to hasten coagulation ineffi-
cient. Great depression in pyemia -
bleeding increases this. Poison has been
tried to be eliminated by emunctories - not
useful. Chlorine as antiseptic has been
given - Oxygen in Pot. Chlor. in oil &c has
been introduced - demulcent drinks &c
ineffectual. Brand's, bark & Iron,
Turpentine the treatment. Ven. fatar

affected. Secretory System - Diseases.
Liver - Disease not unknown - phys. diagnosis
 not being applicable. Functional disturbances apt to
 be thought pathological. One part being diseased
 the other may take on vicarious action.

Congestion - easily occurs - becomes heavy -
 slight oppression, cough, gastric disturbance,
 slight icteroid tinge. Edge rounded & projects
 in low down. Causes - Cold, intermit.
 fever - Disease of heart or lungs - Effusion
 into cavity of pleura possibly on Cava.

Might cause effusion, wh. organizing
 causes contraction or hypertrophy.

Possibly blood vomit or stool or blood
 cysts in liver - may rupture & perforate
 & have fatal result. Treatment. Look
 out cause - if Malaria - Quin. Sulf.

Heart - cold - cold - remove it by derivatives,
 sign. hepat. Secretions - Saline laxatives.

Inflamm. hepatitis - Diff. symp.
 Cons depend on part of organ affected.

Aged or tissue inflamed. Strict. peritonitis,
 May be foul, excruciating.

More or less pain, chill fever, full &
bound pulse - pain may be in shoulder
fr. nervous anastomosis - pneumoarth.
with phrenic & this with brach. plexus.

Patient don't lie on affected side.

Pain acute if in serous membr. Function
affected - fauces frequently.

Secretion increased, then suppressed,
constipat. & dyspeptic symptoms.

May have blood poisoned by cholesterin -
like fr. urica. Pain increased on pressure.
tumefact. Not common here - more

So in warm climate - liver has to do part
of lung's work then. Sudden change of
temp. Colds - Abuse of alcohol don't
common cause it.

Pleurisy - pain - slight cough & fever
may be confused. Great danger
is from abscess - hectic symptoms then
& fluctuating tumor if carefully looked
for. Treatmt. Gentle antiphlogist.

May have to bleed - cups generally -
gentle laxatives, direct & indirect.

Farinaceous food - Mercury - large
 used in India. D-thinks local stimulates
 organ if pushed & increases inflam. In small
 doses serviceable. Higher later - warm
 baths & friction. Chronic

Pain not great - Dyspeptic symptoms -
 fever not constant - Constipation.

Slight hectic fever. Enlarged & tender
 liver. Same causes acting slowly -

abscess not so common - hypertrophy,
 atrophy more common. Treatment.

May have abscess. Saline Cath.

Mercurials Caution of - tendency to
 hemorrhage fr. aplastic condition of blood.

Min. Acid - improve blood & action.

Decutims - tonic. Mercurials -

plv - x ter die. $B\frac{1}{2}$ - C. J. Wainwright
 Sponging. Taraxacum Ext. $3\frac{1}{4}$

Sod. Bicarb. $3\frac{1}{4}$

Ext. Sassafras. $3\frac{1}{4}$

Agar. Primrose. $3\frac{1}{4}$

Dose - $B\frac{1}{2}$ 3-4 times a day.

Hepatic Abscess - May result fr.
acute inflam. of liver or may be metas-
tatic. Chiefly, hectic irritat. wh. result
of acute inflam. Fraught with danger,
may open into intestines, stomach or
caul of peritoneum, pericardium or
anywhere. When small, may remain
a long time. Surrounding tissue often
softened down. Gangrene not a very
common result - Discoloration fr. bile,
pus &c very common. Abscess may
be small & encysted. Treatmt. Can't
do much. Sustain strength & allay
irritation - Tonics, Stim? & aodynes
Surgical treatmt. more important.
Better wait till fluctuation shows
pus is near surface then evacuate.

Cirrhosis - means yellow.
Liver generally granular - Called
also "fir liver" - "hot nated liver" &c.
Very common & very serious termination
of chronic inflam. "Depends upon
adhesive inflam. of the areolar tissue."

Engorgement & enlargement first - then con-
tractile, circulation is obstructed - Atrophy
is caused - ^{lobules} ~~protrudes~~ brought out by anelastic
tissue contract? bet. them. Diff't. Symp-
toms at diff't. times. May at first be
fever & acute symptoms - then liver
becoming contracted - portal circulation
is arrested & dropsy or hemonhage is
caused. Superficial abdom. veins
enlarged to make up for obstructed
disturbed function of liver - Not al-
ways jaundice, fr. Some glands
being unaffected. Retained chole-
sterin & brain is affected.

Cause - Alcohol - abuse of - not
always cause of it - has been found
in animals & young child^{ren}.
It causes ^{diffuse} ~~irritat.~~ inflam. & with contraction
fr. adhesions finally - undoubtedly, but congest
of liver fr. any cause will produce it - Diseases
of heart &c. congested liver with alcohol very pro-
truded. Occurs often in warm climates where, but
little alcohol is drunk, Cider, wine &c. ^{don't keep}

Feb. 9th.

{ Treatmt. of cirrhosis, Opium-cup,
salines reduced, Diuretics - act, doses
of Pil. Hydrag. If contraction has occur-
red since actual doses of Pil. Hydrag.
Diuret., Diaph. & mild Laxatives, may
require tapping for abdom. dropsy - only
a means of prolonging life & often have to
tap frequently - once a month.

{ Fatty degeneration - More common in
liver than other organs. Fatty deposit -
liver enlarged - color of autumn leaf -
greasy, filled with oil - Globules in
excess in hepatic cells. Function not
much disturbed - globules grow & don't
interfere with ducts & function of cells.
Not incurable. May suspect it in high
livers with fatty kidney, heart &c.
Enlarged liver - no pain. Cause
overfeeding with rich food - drinks -
especially in warm climates - lungs
being little used, liver takes on cup-
plementary action. Phthisis - is -

special in females, they having so much fat in their tissues. People who eat & drink too much special in warm climates. (Fatty Degeneration - liver becomes atrophied - all parts are affected, especially the blood vessels, associated with fatty degeneration of other organs - "Arcus Senilis" - not common.) Stop Alcohol & StC food. Take exercise - lemon juice - gentle laxatives for deposit.

For degeneration - five Wine, bark, Iron, good diet. It is the result of disordered nutrition.

A Scrophulous liver is often enlarged - cuts & looks like fat bacon - pits on pressure - albuminous matter bet. the lobules - not an excess of fat. Slight jaundice, sometimes dropsy & symptoms like Cirrhosis.

Syphilitic & Scrophulous Children particularly liable to it. Not so common in this country. Diff. in color,

Consistence & microscope, appearance
fr. fatty liver. Treatmt. - Iron, Cod
liver oil, bark, Exercise - Country air.
{ Amyloid degeneration - Starchy degeneration - Rodriguez test gives red - add.

503 & blue color appears. Apt to exist
in other tissues - Amyloid diathesis.

{ Pigmentary - Melanoid - Black liver =
Spleen enlarged with broken down cor-
puseles, wh. are filled out by liver -
{ Frichs says it is seen in Malignant
intermit. & Remitt. fever.

Bronzed liver is often seen in Remitt-
ent fever. Emphysematous liver
very rare - might occur fr. decompo-
sition after death. Prison says it occurs
during life, having found the liver typi-
panitic. Hydatids of liver often
seen - parasite introduced fr. without,
bore into portal circulation & filtered
out by liver. May have a huge Cyst,
containing several. Occasionally
by hussum causes jaundice,

Dropsy &c - occasional abscess - being
ruptured or passed per anum &c.
 Can't positively diagnose always, un-
 til discharged by PB. May be latent for
 years. Iodine, Electricity, NaCl & chan-
 ken used ineffectually - Can open cyst
 & evacuate it if positive.

Cancer of liver - Medullary, fun-
 gus hemalodes commonly seen. As fre-
 quent in liver as stomach. Apt to be Sec-
ondary in liver, going in by portal system.
Soft cancer occurs in young persons -
 as a rule Cancer of liver don't
 occur before 35 - most common
 after 50. Can't diagnose only by ex-
 amining history of case. If small
 may be comparatively harmless, unless
 pressing on portal vein or hepatic duct,
 $\frac{1}{2}$ liver has been affected with no dis-
 turbance of function. Liver generally
enlarged & has a bosselated feel -
 prominences felt all over.
Schirrhus rare here. Prognosis fatal

Treatment, palliative - Conium &c
not specific. Gentle action by laxative
or Sarsaparilla, Don't use Hydrag,
Opium &c, & sustain strength.

Portal veins subject to phlebitis -
End in adhesions & obliteration of veins,
ducts may become obstructed & bile
accumulated - form Cyst. If common
duct is obstructed may have dilatation
of all the ducts. Gall bladder
may be inflamed if duct is obstructed
become distended, ulcerate & cause
death by peritonitis. Introduce Explor-
ing needle & bile is found. Gall
bladder subject to perforation &c.
May open abscess if the duct is ob-
structed.

Functional disturbances of liver.
Bile, sometimes in excess, & itious
diarrhea, headache, icterode hue
&c - Caused by want of exercise,
Hot food & alcohol.
Take exercise, less food & eating

CATH. Deficiency of bile - May result fr. excessive exercise, farinaceous diet, fecal matter offensive, Dyspepsia, clay colored stools. The liver is really acting well, but the elements of bile are not in the blood - Give good diet, tonics, Iron &c & not Pot. Hydrarg.

Jaundice - Not always, associated disease of liver, Jaundus. Prominent Symptom Yellowness - Sometimes Canary, Sometimes bronzed - Secretions yellow, as well as skin. In aggravated cases everything looks yellow to patient fr. yellow tinge of humors of Eye. White stools &c. May exist some time after removing Cause. Urine loaded with bile - SO_3 - Iron & red tint. When slight - Health good - if excessive feel like insects were crawling over body - Sometimes occurs in mild cases. Flood Caputales break down & passive hemorrhage may

occur. Brain may suffer - dilated
pupil - Coma, Convulsions & death,
even in slight cases.

Feb. 11th

Jauundice - Causes - numerous - 2 classes -
Obstruction & defect. Secretion. Thickening
of duct, Spasm, pressure, head of pancreas,
bil. calculus most common - Cancer &c.
Def. Secretion - Suppression fr. impaired
function fr. congest. or hepatitis.
Coloring matter retained. In obstruction
it is reabsorbed. Pyrexia, poison fr. cir-
rhosis, Yellow fever, Gout &c attended
by jaundice fr. congest. prevent proper
Secretion. Altered condition of blood
in these cases cause spasm or congest.
Sometimes great coloration with little
or no suffering - may be first the reverse.
Liver has been found broken down.
Probably more frequently due to defect.
Secretion & then have more blood pois

coming than when reabsorbed. The mat. matter
exists in the blood & has not been separated by
The liver as bile. Cholesterol exists in va-
rious parts of body - especially nerves & is
eliminated by liver in health - retained
it is highly poisonous - Hint calls
it Cholesterinaemia - dilat. of pupil,
headache, coma & death.

Cholesterol becomes converted into "Ster-
corin" - when this is deficient in stool,
Cholesterol prot. retained.

Some persons always look as if jaun-
diced - physiologic - Shows especially
in dilated conj. palpebr. Cancer has
a color fr. hematin spreading into conj. tissue -
no yellow conjunctiva nor
deficiency in stools. Prognosis depends
upon cause - Cancer & serious.

Cold, spasm, gall stone - favorable.
Heat cause - can't treat it as jaundice.
If seven brain symptoms -
act on immune? especially kidneys.
Gentle saline lax. warm

Warts & draph. leads to back of head -
Synapisms to lower extrem?

Gall Stones - Very common & some-
times very painful. Pin's head -
to punctate egg in size. From 1 - several
hundred. Round & smooth or rough,
cubic, tetrahedra - octahedra &c in
shape. Some light - float in water -
nearly all float in bile. Those of pure
cholesterin float in water - shape
of date seed - broken open appear white.

Color - varies. Commonly yellowish
brown - may be nearly white or black.
(One exhibited ab. entirely filled gall bladder)

Bile becomes inspissated fr. deficiency
of liquids. Intest. worms, liver flukes
&c may act as nucleus of gall stone.

Localiz. Common in gall bladder -
may be in ducts. Cause - any-
thing increasing elements of bile -
No food or drink & sedentary habits
thence most common after middle
life. Destructive as simulation of

tissue common cause - females after
 critical period - most common affects
 maybe dependent upon font. Gall stones
 in kidney have been seen. No symptoms
 while in gall bladder - never pritz. or dry -
 percuss. & auscultat. don't indicate
 presence. When in duct - very painful.
 In cystic duct - pain but no jaundice.
 In common duct - pain, nausea
 & vomiting - when pain ceases - di-
 arrhea. Latrodie here next day.
 May cause inflam. & ulceration into
 stomach or duodenum - causing ob-
 struction in latter case. May remain
 in common duct for months - causing dil-
 atation, pressure on cells of liver & ob-
 struction of function - breaking down
 blood & health. May cause peritonitis.
 Stent passed in one or two hours -
 May recur frequently. Bilious colic -
 pain, vomiting &c - no diarrhea
 & no jaundice next day.
 Renal calculus - irritat. of

Urin. organs - great pain &c.
Stooling passed about 2 hrs. after
dinner - Colic at pylorus common
occurs about this time. May be no
jaundice after it - pills & wash
alvine injections & look for gall stone.
Any obstruction causes formation -
long fasting - sedent. habits - & protracted
sleep. Treatment - during attack -
full dose of Opium in some way,
Inhalat. of Ether - Warm bath
full dose of Laudanum Emul. Plethora -
may bleed - not after. Dry cups
& sinapism over liver. Promote
passage by giving force to face & back,
Electricity better than ice &c.

H^r has found Electricity of more service
than anything else - in Chronic Cases.
Prevent further format. & dissolve
those remaining by Chloroform &c.
Avoid HC food - give exercise -
Small doses of Soda - Taraxacum,
HCl acid. Rich water.

Diseases of Spleen - Not fully understood - white blood corpuscles supposed to be formed here - others believe it the "burying-ground". Variable in size & consistency. Splenitis - pain - enlargement of organ - hectic may finally set in. Pyemia not uncommon after it -

Prognosis - unfavorable - Abscess may form & rupture - Atrophy or hypertrophy perhaps frequently occurs.

Chronic - great enlargement - itching & hemorrhage, tendency fr. attract. of blood. Congestion - very common. Again increased in action causes it. Low fevers, blood diseases - Spleen becomes engorged - Active Exercise &c may cause rupture, peritonitis, & death. If soft, be careful in handling or rupture is caused. May become fr. 4 ins long & 1/2 lb in wgt. - Size of liver - wgt. 10 lbs. Nitroantipyrin in active inflammation. Avoid Mercury; Iron, Quinine &c. Saline lax

Derivatives, Iodine over organ.
May be seat of Cancer, Tubercle,
fibrous tumors &c. - not common
however.

{ Diseases of pancreas - not well
known - function obscure. Patients be-
come emaciated - oedeginous matter not
being digested - Stool said to be greasy -
It has not found the latter always the
case - probably other Salivary glands take
on vicarious action. Pain, Enlarge-
ment - pressure on duodenum might
cause vomit^l & retums - diarrhoea,
greasy stool. Chronic - Great emac-
iation. Mild antiphlogist^s.
Cause - Inflamm. extended fr. duode-
num, abuse of liquor - Mumps.
Calculi - cysti - obstruct^d duct
may occur. Cancer very common
in connect. with that of other organ -
Same sympt^s as inflam.

Feb. 12th

Mumps - inflam. of parotid gland - generally mild, but apt to have metastasis to genital organs & even brain, causing death.

Blood disease, contagious. Treatmt: Don't bleed or leech. (Duration 8-9 days) Diaphr., Diuretics, Dover's powder. Fomentations - in metastasis apply Sinapism to original seat. If brain attacked, treat as meningitis. Suppuration very, rare - Resolution common end.

Diseases of Kidneys.

Can't base your diagnosis exclusively upon the examination of the urine.

Functional diseases - Lithiasis - Lithic or uric, oxalic & phosphatic diatheses. Lithic Acid constitutes the frequent form of stone - font. diathesis caused by it. Symptoms - Dyspeptic troubles - pyrosis, Constipation - Neuralgic pains. Urine high cold, 15-20-25° - Scanty. Only find it as urates - deposited fr. cold urine; heat it & urates are

dissolved - Uric acid left - add NaOH
& blue color is formed. Better get Crystals
by adding an acid & introducing cotton
to collect crystals - Lozenge shaped
Crystals - Dr. Riechford & want of
Exercise - Acid not being converted
into Urea pr. want of oxygenation.
Lithaemia - in distinct, assimilation
of tissue NH_3 is formed, combines
with Uric Acid & forms amorphous
mass of Lithaemia - "brick dust" sediment
Little H.C. diet - flesh brush, warm
bath, Exercise. Iron & bark - Cole'sum
tends to eliminate. ~~May use~~
^{may use} Alkalies - Sod. & Ammon. Phosph.
{ Oxalic Diathesis - May, in health
have temperant Oxalate of Lime.
Great disturbance of Nervous Sys-
tem - hypochondriac - irritability -
insomnia - loss of Sexual Exer-
cise &c. Improper, primary as-
similation - Lactic & uric Acid
being converted into Oxalic.

"Mulberry Calculus" of Oxalate of Lime being formed. Urine often in excess - Light Cold - high Sp. gr.

May suppose it is Diabetes - No Sugar with Cup. Supt. & Potass. Sp. gr. due to large amt. of uric. They pass water frequently, but not much. Sol. in dilute H_2O - intense heat forms a white mass of CaCO_3 . Usual form of crystal - Cube with cross \boxtimes - May be octahedron or dumb bell - 8.

Treatmt. Avoid intense study and thing taxing Nerv. System. Exercise & food regulated. Nitro-Muriatic Acid - Solvent & prevents deposit.

Phosphatic diathesis - May be fr. destruct, assimilation of Nerv. structure, but P exists in our food. Combines with Lime forming insol. phosph. of Lime. Triple phosph. of Ammonia & Magnesia also common insol. Urine very abundant.

System disturbed. Urine 1005 - range

above. Nb - dissolves phosphates.

Blowpipe melts down triphosph. Called fusible phosph. CaO PO_3 - granular, amorph. insol. in Acid. Acids.

Triphosph. Star Shaped - Several beautiful shaped crystals - prisms, peniciform &c, Soluble in Acetic Acid. Causes - Certain kinds of food - generally destruct. of brain or nerv substance - Disease of brain or blows on spinal cord.

Treatment. Avoid cause - relieve Disease of Nerv. centres. Nitro-mu-
riat. acid or veg. acids with alka-
limines - Even Heart's will
{ relieve. Deposits in Kidneys or
{ Urine - Lithatis - most common
least dangerous. Opalatis - most
dangerous - Mulberry Calc.

May remain latent in Kidney, Sudden
shock causes passage with great
Suffering - Collapse, Coldness -
Weak pulse, Retract. of testicles,

Nausea & vomiting, May be hours or months in passing to bladder - wh. it gets there pain is relieved. Sometimes becoming impacted - other kidney takes on increased action. After passing - bloody urine may be voided - very offensive. Can put patient (Especially women) on hands & knees, with full bladder till her to pass water & ease out case. Opium, Ether, warm bath for spasm. Examining Calculus & instituting treatment. If uric acid - alkalies. If Oxalate - Min. acids. If phosph. veg. acids.

Retention of Urine - Not always fr. Stricture. Debilit - in low diseases, paralysis - May be attended & it. Must know cause - Debilit - bark, Iron, wine - Electricif - Cold over abdomen - Enema. Don't introduce Catheter at first. Mus. Iron, Electricif - Valerian &c - Spasm - hysterics.

Incontinence - Cystitis - Mucilag.

Drinks - act on Skin &c.

Acid Urine - Mucil. drinks - alk?

Nervous - most common - females
& children - often chorea in latter -

Ajiscagam, Assaf, Valerian, Bella-
don - Iron &c. Curious habits.

Suppression of Urine - Urine
not excreted. Blood becomes poison-
ed by Urea - Uremia. Slow, feeble
pulse - dilat. pupil - Coma, death,
Urinous odor of body. Bp - 7 per
day - high cold. Small amt. of Urea.
May occur after Scarlet fever.
Very dangerous - may recover.

No body can live without urinating

("If a man can't 'pump Ship'
he will sink") Liver may fail
simultaneously - Cholelithiasis
both poisonous.

Causes - All varieties of Bright's
Disease - Anything causing Con-
gest. of Kidney - Cups - Warm

Wash - Brain symptoms - Eliminated
by alim, canal &c - Cures & blisters
back of neck.

Feb. 15th. Organic diseases of Kidney.

Nephritis - acute inflam. of Kidney - perinephritis - pyelitis. Acute Nephrit.
Chilliness, pain generally on one side -
Nausea & vomit. Micturition - retract,
of testicles - irritat. of Glans. Urine -
alkaline, high col'd. Pus & a trace of
albumen if pelvis inflamed. Dilated
pupil, Convulsion & death possibly when
both are inflamed fr. retent. of Urine.
Don't generally have dropsy. Abscess -
atrophy not uncommon. Abscess may
cause death by rupture.
Causes - Al. Mercury, &c. Canthar.
Stimulat. Diaph. Cold - checked perspiration.
Injuries - blows. Calculus -
Cystitis. Retent. of urine may excite
inflam. Gout or rheumatism

inflam. Organ Congest, enlarged -
bossillated - enlarged. Indurated
later. Chronic - atrophy - abscesses -
pelvis of Kidney ulcerated & softened.
Treatment - Antiphlogistic - Copious
depletion - gentle laxatives - Dover
powder - warm baths. Don't give diuretic
except perhaps Digitalis.

Don't blister - Caustic. Excite imi-
tation of these organs. Don't give
Lactam. too much vomit.

Chronic - due to inflam. of bladder
extend - to Kidney or retention of cal-
culi. Often latent - Dyspeptic symp-
toms. "Calculus renalis" - Exhaustion fr.
Chronic inflam. & suppuration. Balsam
of Copaiba & even Turpentine.

{ "Albuminuria (Bright's disease) in-
cludes many diff't. pathological conditions.
Ray thought it inflam. with hypertro-
phy of glands. Not always indication
of kidney disease. "Desquam. Nephritis"
Does not always exist.

Acute desquam. Nephrit. - Not always
attended with inflam. but congest.
Slight chill & fever. Oedema & serous
effusions - Genl Dropsy. Urine shows
Albumen - Low Sp. gr. 1005 - or less.

Lat. - Anemia - waxy appearance.
Lat. - Const. disturbance - Vomit.
Diarrhoea, disturbance of heart or
liver - Cough, Brain Symptoms - Coma
& death. Cause - Cold - more freqt.
in men & in winter. Children - Due
to Scarlet Fever. Effects - matter
Thrown back on Kidney. Chronic
may be due to Acute - or may be
due to Alcohol - Adhesion inflam-
mat. Contraction & hypertroph. of
Secreting portion. Organ enlarged,
livid, bossillated - Cortical part
pressing on Medullary - Hyper-
troph - No abscess. Both organs
apt to be affected. Chronic form -
Organ contracted, cirrhotic - Mal-
pighian bodies brought out in fine

(Diff. diagnosis)

view. Albumen must be permanent in this disease - Dropsy occurs always because both Kid^s involved. Microscope shows ^{fibrinous} casts of kidney tubules in this disease & epithelial cells. Becoming contracted we have granular form of Bright's disease, though this may be so from the beginning. In early stage - Cups, warm bath, Saline Casts, Dover's powder - Congestion being removed - Digitalis, Calomel, Quinine & Digitalis, Iron, bark, Wine - nutritious diet & astingents later when Effusion begins.

Fatty degeneration - Organ pale - autumn leaf - Præsen's knife - Cortical portions pressing on tubules - Causes atrophy. Tubules stuffed with oil globules. Microscope - Epithelial cells & oil globules. Comes on gradually, late in life in high livers. Dropsy not very great - milder is blood poison. Rare.

Fatty infilt., may be removed - not necessarily fatal. Live low - Exercise - don't deplete. Gentle laxatives.

Serofulous degenerated. Large kidney, pale - cut - took like bacon fat.

Serofulous & Syphilitic patients. Albuminosis not fatty deposit.

Non, Ol. Mart. Exercise &c.

Might have dropsy, Home poison not so great as degenerated. Nephritis.

Atrophy - not connected with fat, inflam. &c. Souff - due to impaired Nephritis. No granular appearance - dropsy not great.

Blood very much poisoned - was retained - Kidney contracted.

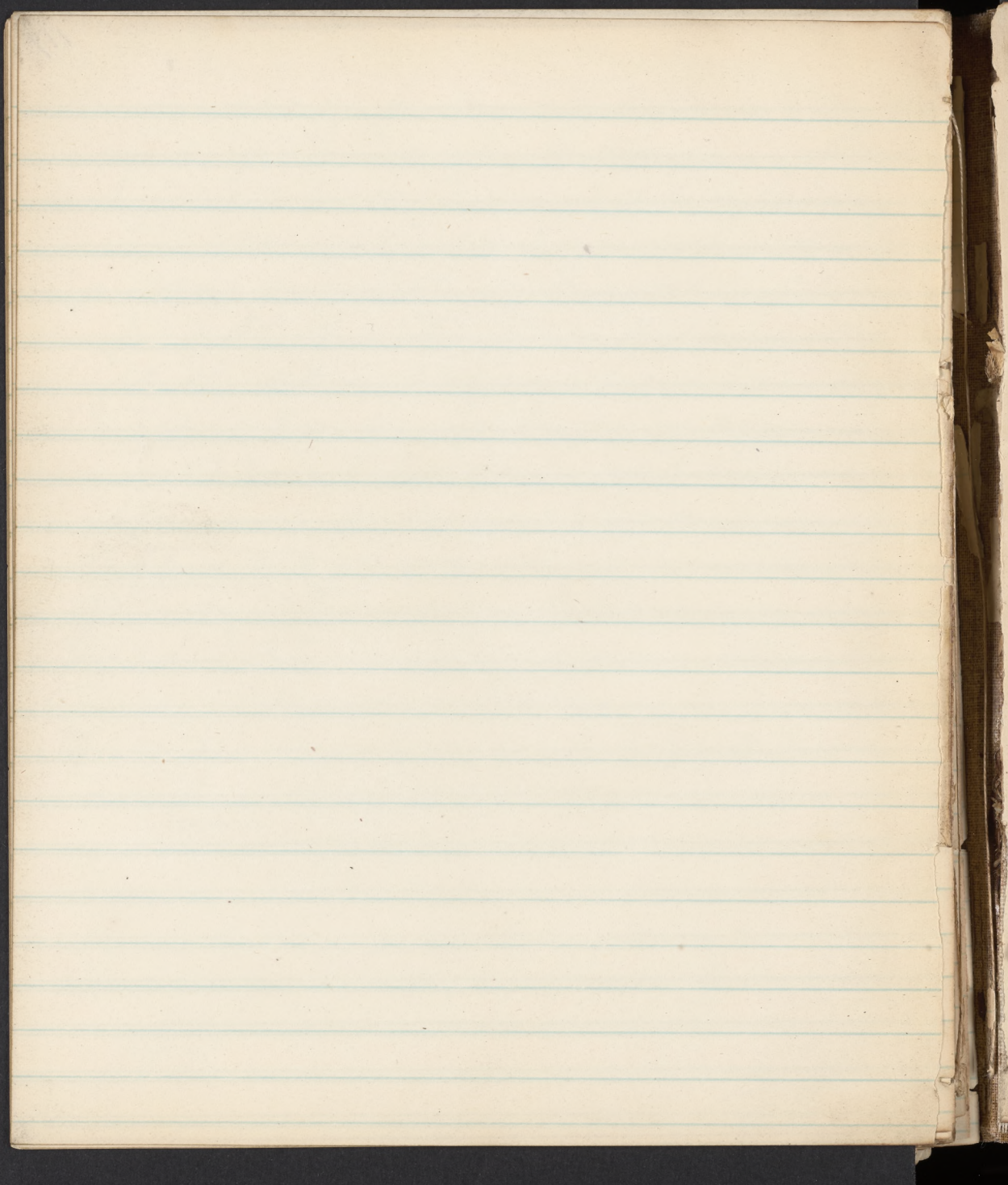
Ammoniacal odor of breath - Carb. of Ammon. in breath - Hæmorrh. Ammon. Muriæ.

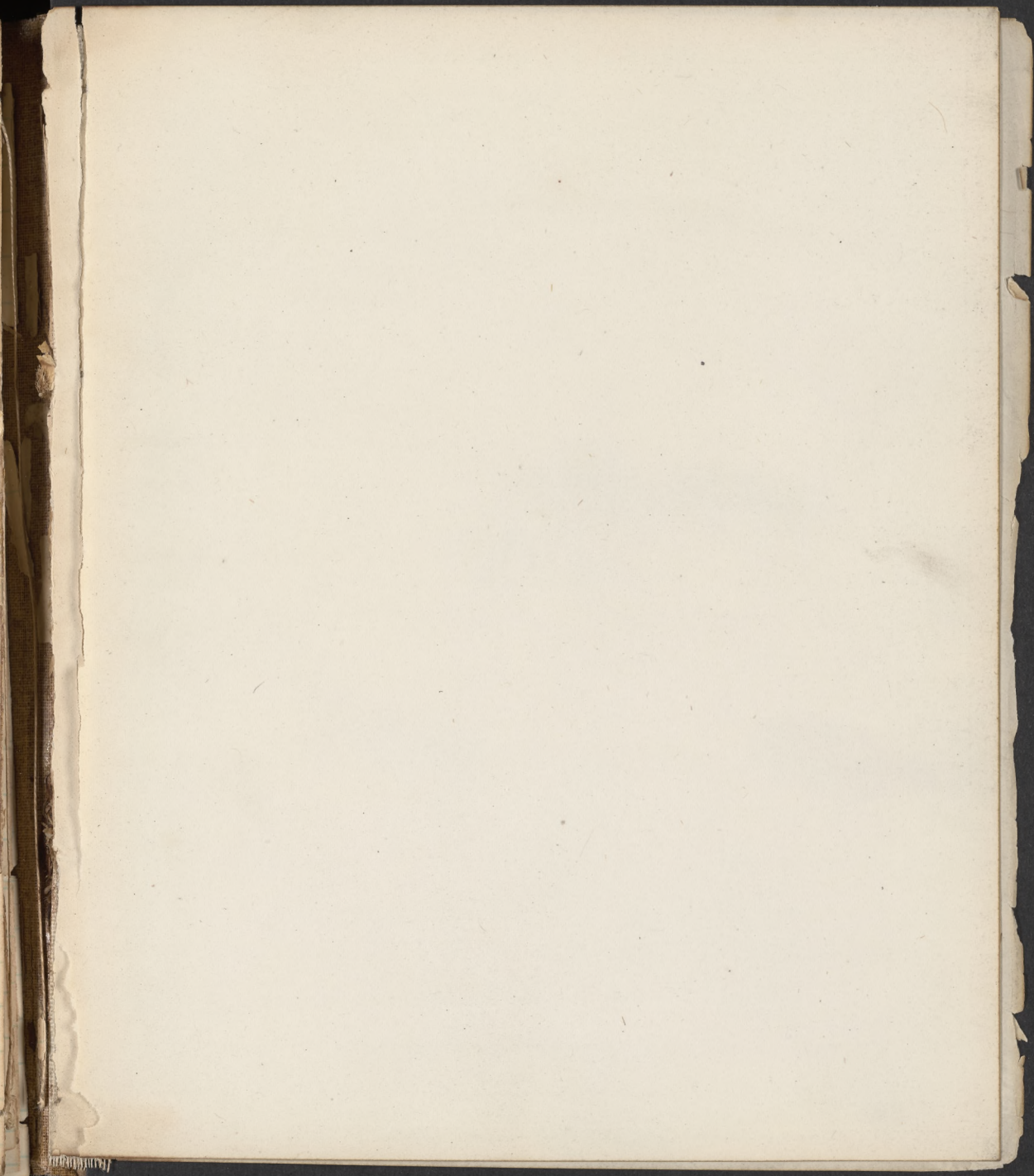
Urea detected in blood after death. "Souff-kidney" - urate of Soda Crystals. Said by Todd to be found p.m. in tubules. Atrophy due to

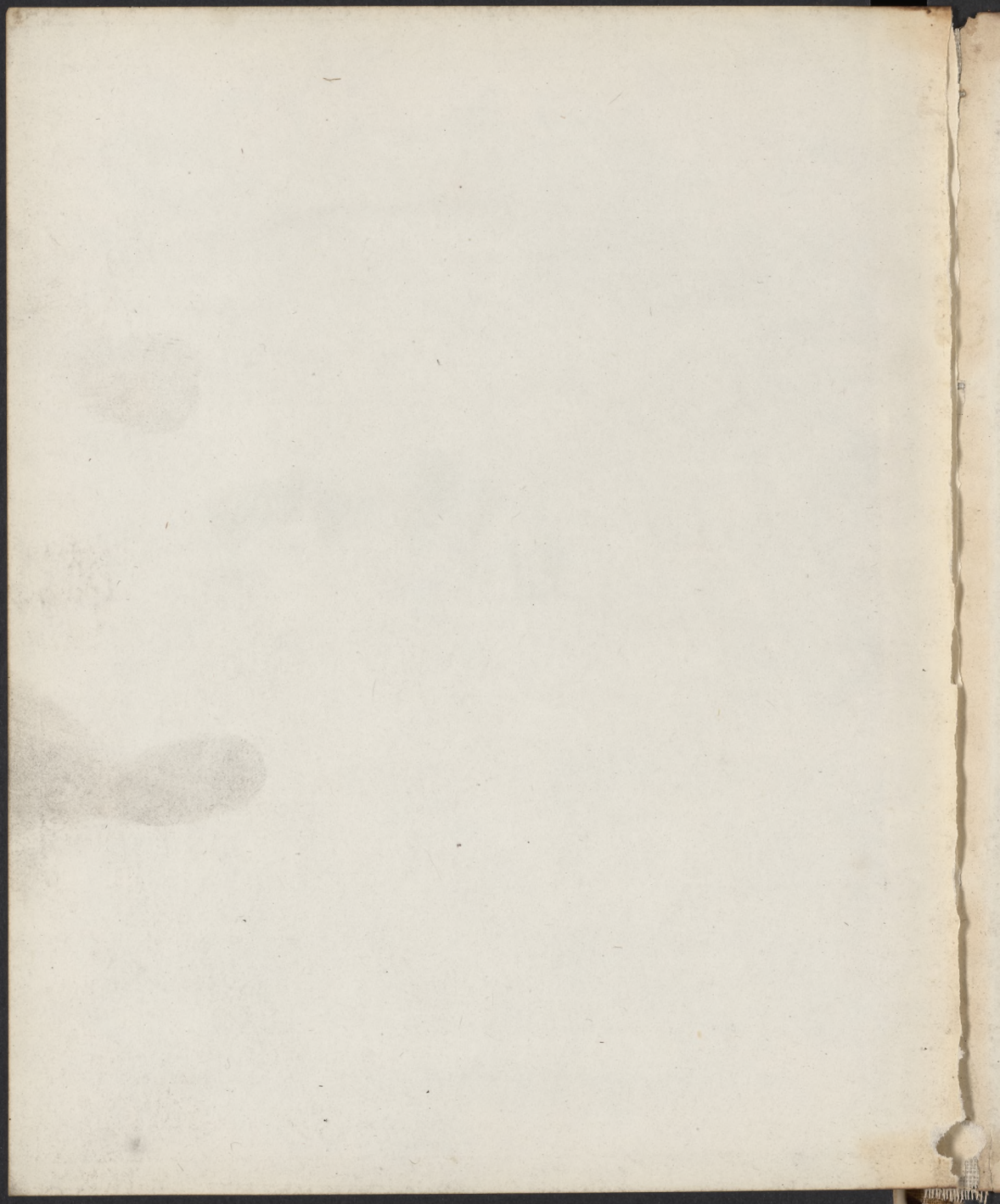
Eliminat. of poison by Organ.
Abuse of drink & food Cause. Murea
not found in urine - Act on liver
alim. Canal & skin - when kid's
Can act for Stim. diuretics' Ol. Lu-
nip. & Ol. Turbintl. (Coteticum & alk.?)

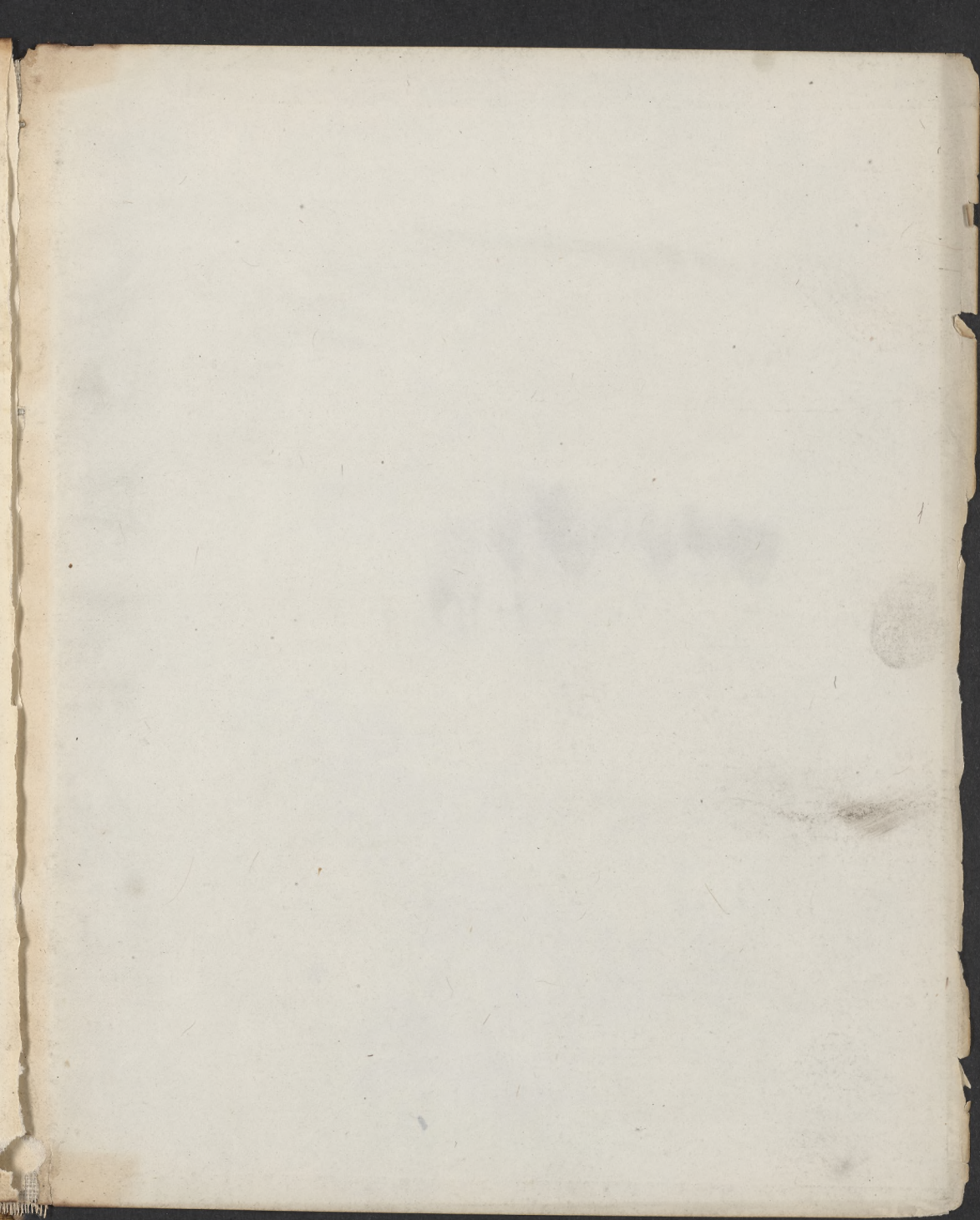
{ All The above diseases have been called
{ Bright's Disease - No such name
{ should ever have been applied -
{ Albumen is present in all.

Phthisis is not a common termination
of Bright's Disease - Cirrhosis of liver
& heart diseases very common after
them - valvular diseases frequent.
Tubules may become obstructed & we
have cysts filled with serum.









^{Strangulated inguinal hernia.}
Jan. 14th - Fractures at base of skull & elsewhere on the skull fr. blows rare.

" " " " nose & jaw.

" " Vertebral - causes. Treatment

" " ribs - symptoms "

" " Scapula

Jan. 15th - Fractures of clavicle, of head of humerus. Anatomical neck - Surgical neck - Shaft - condyles. Olecranon process.

Jan. 18th - Bones of forearm - fracture - Barton's fract. - fingers

Jan. 19th - Fract. of patella, innominate bones, femur - neck, head upper third - lower third

Jan. 21st - Fractures of leg - one or both bones - malleoli. Pseudoarthrosis

" 22nd - Talus joint - ununited fracture. Modes of treatment. Dislocations - primitive, consecutive, simple - complicated. Causes - exciting & predisposing.

Jan. 25th - Dislocations. Treatment. Dislocation of infr. maxilla - of wrist, elbow, ribs, pelvis, clavicle, humerus. Abow, wrist,

metacarpus, phalangeal joints. Patella, ankle, Astragalus.

Jan. 28th - Dislocation of femur - knee joint. Morbus coxae.

Sprains. Jan. 29th Hip disease - Gonorrhoea

Feb. 1st - Diseases of genital-urinary apparatus. Syphilis. Gonorrhoea. Balanitis.

Feb. 4th - Epididymitis. Treatment (Pott's) Lemmon's cure - hæmorrhoids topical

Paraphimosis. Structure of urethra. Warts. Gonorrhoea of females

Vaginitis in children. (kind of wetting - Churchill's dis. of women)

Gonorrhoea rheumatism does not exist: it don't produce any

Gen. of Stems.

Feb. 5th - Syphilis - Chancres - hard = Hunterian; Soft = Ricord

" 8th Syphilis contd. - buboes.

" 9th Secondary Syphilis. Hydrocels - hæmatocels - Caries

" 11th Tertiary

" 12th Diseases of rectum (Hair around anus - " Shrutten, around

knives - Williams) - Abscess of anus. Fistula in ano.

" 15th - Prolapse of anus. Prolapsed ani. Foreign bodies. Hemorrhoids.

L. A. Cooper. } by Rev. - -
 D. M. C. } Nov. - 186-

Lactin -
 Sugar milk,
 Chalk, colostrum,
 and other...

Die when you will, you need not shun
 At Heavens count a far more fair;
 Than beauty here on earth has given;
 Keep but the lovely looks I see -
 The voice I hear, and you will be,
 In Angls ready made for Heaven -

Dedicated to Mrs. - - - of Maryland



at a distance.

Photographed by Johnston.

